

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F02000004220**

1. Corporation Name

NUERMONT CORP.

Principal Place of Business

5910 SHILOH ROAD EAST #103
ALPHARETTA GA 30005

Mailing Address

5910 SHILOH ROAD EAST #103
ALPHARETTA GA 30005

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/20/2002

5. FEI Number

58-2453652

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	KREUZER, MANFRED	5910 SHILOH ROAD EAST #103	ALPHARETTA GA 30005
V	MERTZ, PETER	5910 SHILOH ROAD EAST #103	ALPHARETTA GA 30005
ST	MERTZ, RANDALL	5910 SHILOH ROAD EAST #103	ALPHARETTA GA 30005

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Joan Bolden

JOAN BOLDEN

REGISTERED AGENT MUST SIGN

ASSISTANT SECRETARY

Date 12/17/03

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Glenda E. Hood
Glenda E. Hood

Date

Daytime Phone #

FILED

03 DEC 23 PM 12:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 2003

CR2E040 (7/03)