PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1072

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
**Sandra B. Mortham**
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
98 NOV 30 PM 2:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000107655

1. Corporation Name

NF BUSINESS, CORP.

| Principal Place of Business | Mailing Address |
|---|---|
| 6420 METROWEST BLVD<br>SUITE 1004<br>ORLANDO FL 32835 | 6420 METROWEST BLVD<br>SUITE 1004<br>ORLANDO FL 32835 |

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

| 2. New Principal Office Address, If Applicable | | 3. New Mailing Office Address, If Applicable | |
|---|---|---|---|
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

4. Date Incorporated or Qualified To Do Business in Florida: 12/23/1997

5. FEI Number: 59-3518223 ☐ 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 (Do NOT Use Post Office Box Numbers) | City / State / Zip 4 |
|---|---|---|---|
| PD | FARAH, NAZIR | 6420 METROWEST BLVD, STE 1004 | ORLANDO FL 32835 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

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****150.00 ****150.00

| 8. Name and Address of Current Registered Agent | 9. Name and Address of New Registered Agent |
|---|---|
| FARAH, NAZIR<br>6420 METROWEST BLVD<br>SUITE 1004<br>ORLANDO FL 32835 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>Suite, Apt. #, Etc.<br>City / State: FL / Zip Code |

CR2E040 (9/98)

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.

Signature of Registered Agent: SIGNATURE REQUIRED — REGISTERED AGENT MUST SIGN  Date: 11/19/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☒ No ☐

(See other side for information on intangible tax.)

12. 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 REQUIRED — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date: 11/19/98  Daytime Phone #

November, 19 1998

Divisions of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir or Madam:

Per instructions from the Division of Corporations, I am attaching a check in the amount of $150.00 for the Annual Report fee.
I also state that I have not received the first notice from the Division of Corporations.

Thank you for the courtesy in this matter.

Nazir Farah
President of N.K. Business Corp.

[illegible] 014
[illegible] $***150.00