

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR *db* REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

APPROVED AND FILED

96 NOV 25 PM 3:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # *S48945*

1. Corporation Name  
NOPEC CORPORATION

Mailing Address  
P.O. Drawer 2868  
Lakeland, FL 33806

Principal Place of Business  
1220 George Jenkins Blvd.  
Lakeland, FL 33806

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

DO NOT WRITE IN THIS SPACE

2. New Mailing Address, if Applicable

3. New Principal Office Address, if Applicable

4. Date Incorporated or Qualified To Do Business in Florida  
*4/24/91*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

*59-3060453*

Not Applicable

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/D	Karl H. Rehberg	5824 Buck Run Drive	Lakeland, FL 33813
S	Helen Rehberg	5824 Buck Run Drive	Lakeland, FL 33813

300002017043--4  
12/02/96 01020 021  
888383.75 888383.75

REINSTATEMENT

*J. M. W.*  
*11-25-96*

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name  
**Karl H. Rehberg**  
Street Address (P.O. Box Number is Not Acceptable)  
**1220 George Jenkins Blvd.**  
Suite, Apt. #, Etc.  
City  
**Lakeland**  
State  
**FL**  
Zip Code  
**33806**

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 *Karl H. Rehberg* **Karl H. Rehberg**  
REGISTERED AGENT MUST SIGN

Date **11/22/96**

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box  (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No  (See other side for information on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(a) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: *Karl H. Rehberg* **Karl H. Rehberg**  
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR

Date **11/22/96**

941-683-7199

Daytime Phone #