

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JAN 26 AM 11:01

DOCUMENT # F02000002596

1. Corporation Name

NELCO ARCHITECTURE, INC.

2. Principal Office Address

226 WALNUT STREET

Suite, Apt. #, etc.

City & State

PHILADELPHIA, PA

Zip

19106-3943

Country

USA

3. Mailing Office Address

226 WALNUT STREET

Suite, Apt. #, etc.

City & State

PHILADELPHIA, PA

Zip

19106-3943

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5/24/2002

5. FEI Number

02-0601330

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CORPORATION SERVICES COMPANY

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

1201 HAYS STREET

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32301

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Elizabeth B. Kenczy
REGISTERED AGENT MUST SIGN

Date

1-24-05

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	D. LANCE MUSCARA	226 WALNUT ST	PHILADELPHIA PA 19106
S/T	GREGORY P. NELSON	226 WALNUT ST	PHILADELPHIA PA 19106
			600045896976 02/03/05--01009--009 **758.75
			600045896976 02/03/05--01009--008 **150.00

10. 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:

D. Lance Muscara

D. Lance Muscara

12/28/04

Date

216-925-6562

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR