PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. PAGE 1 of 2

CORPORATION [redacted]

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 AUG -8 PM 5:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 187654

1. Corporation Name: NAT ALLEN, INC.

2. Principal Office Address	**3.** Mailing Office Address
20335 BISCAYNE BLVD.	3155 NE 207Th. TERR.
Suite, Apt. #, etc.: # 31	Suite, Apt. #, etc.:
City & State: AVENTURA, FL.	City & State: AVENTURA, FL.
Zip: 33180 Country: DADE	Zip: 33180 Country: DADE

4. Date Incorporated or Qualified To Do Business in Florida: 1950

5. FEI Number: 59-091-3994 ☐ 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: GEORGE R. ALLEN

100000454788 1--4
-08/22/01--01007--003
****300.00 ****300.00

Street Address (P.O. Box Number is Not Acceptable): 3155 NE. 207Th. TERR.

Suite, Apt. #, Etc.:

City: AVENTURA | State: FL | Zip Code: 33180

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: Geo R. Allen — REGISTERED AGENT MUST SIGN — Date: 8/4/01

CR2E061 (9/00)

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	GEORGE R. ALLEN	3155 NE 207Th. TERR.	AVENTURA, FL. 33180
T, S.	RONIT B. ALLEN	3155 NE 207Th. TERR.	AVENTURA, FL. 33180
		00-01 UBR 18	

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: Geo R. Allen GEORGE R. ALLEN, PRES. 8/4/01 (305)705-9021
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Page 2 of 2

George Allen
3155 NE 207th Ter
Miami FL 33180-3645

FL. DEPT. OF STATE
DIVISION OF CORPORATIONS
RE: REINSTATEMENT, DOC # 187654

8/1/01

I SPOKE WITH A GENTLEMAN WHO IS A SUPERVISOR IN THIS DEPARTMENT. HE REFERENCED THE DOCUMENT FOR MY CORPORATION AND CONFIRMED THAT THE MAIL HAD INDEED BEEN RETURNED TO YOUR OFFICE BY THE POST OFFICE. WE HAD MOVED OUR OFFICE ADDRESS, AND THE CORRESPONDENCE FROM YOUR OFFICE WAS NEVER FORWARDED TO OUR NEW ADDRESS. HE ADVISED ME TO MENTION THIS IN A NOTE ATTACHED TO OUR PAYMENT OF $300.00, ALONG WITH THE FORM.

THANK YOU FOR YOUR ATTENTION
AND FOR YOUR HELP IN THIS MATTER,

GEORGE R. ALLEN, PRES. NAT ALLEN, INC.

Geo R. Allen