

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 APR 20 PM 2:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 380964

1. Corporation Name

NOLL'S FURNITURE CO. INC.

000173356050
03/29/10-01018-011 **\$150.00

REINSTATEMENT 09-10
CR2ED81 (11/09)

2. Principal Office Address - No P.O. Box #

2110 E. HIWAY 441

3. Mailing Office Address

← SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LEESBURG, FL

City & State

Zip

Country

34748 LAKE

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

1971

5. FEI Number

59-1356036

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

WINSTON G. SHELLEY

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

161 E. TROTTERS DR.

Suite, Apt. #, Etc.

City

MAITLAND

State

FL

Zip Code

32751

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

000173356050

04/20/10-01031-022 **\$150.00

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

Winston G. Shelley

REGISTERED AGENT MUST SIGN

Date 3/18/2010

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 |
|--------------|--------------------------------------|---|--------------------|
| PRES | WINSTON G. SHELLEY | 161 E. TROTTERS DR. | MAITLAND, FL 32751 |
| SEC- TRES | AMBER SHELLEY | 161 E. TROTTERS DR. | MAITLAND, FL 32751 |
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| | | | |
| | | | |

AU/20

10. E-mail Address: WGS@AMBO@EMBA@MAIL.COM

(To be used for future annual report notification)

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. I further certify, 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:

Winston G. Shelley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/18/2010

Daytime Phone #

Home 407-645-2618

2010 352-886-3750