H99000013392 8 PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

(1)

APPLICATION FOR REINSTATEMENT

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

99 JUL -3 PM 3:35

DOCUMENT # 610817

1. Corporation Name
NELOM'S AUTO REPAIR, INC.

Principal Place of Business	Mailing Address
834 NW 10TH TERRACE FT. LAUDERDALE, FL. 33311	5787 WEST SUNRISE BLVD PLANTATION, FL. 33313

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

REINSTATEMENT 6/99

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

4. Date Incorporated or Qualified To Do Business in Florida: 2/22/79

5. FEI Number: 59-1869182 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee Required

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PRES	CHARLIE NELOMS	4400 NW 13TH STREET	LAUDERHILL, FL. 33313
V.P.	JAUNITA NELLOMS	4400 NW 13TH STREET	LAUDERHILL, FL. 33313

8. Name and Address of Current Registered Agent

OTHEL TURNER & CO., INC.
5787 WEST SUNRISE BLVD
PLANTATION, FL. 33313

9. Name and Address of New Registered Agent

Name: SAME
Street Address (P.O. Box Number is Not Acceptable):
Suite, Apt. #, Etc.:
City: State: FL Zip Code:

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] REGISTERED AGENT MUST SIGN Date: 6/2/99

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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 6/2/99 Daytime Phone #

Prepared by: OTHEL TURNER
3741 W. Broward Blvd. #201
Plantation, Florida 33312
Phone#(954)-321-0532

Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

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To:
Division of Corporations
Fax Number : (850)922-4004

From:
Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

CORPORATION REINSTATEMENT

NELOMS AUTO REPAIR, INC.

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	$1,208.75