

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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



FILED

98 FEB -6 PM 1:33

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **642543**

1. Corporation Name

Nan - Dan Corp.

Principal Place of Business Mailing Address
103 S. Third Street
Lantana, FL 33462

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

2. New Principal Office Address, If Applicable N/A		3. New Mailing Office Address, If Applicable N/A		4. Date Incorporated or Qualified To Do Business in Florida 10/22/97	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-1936462	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	<input checked="" type="checkbox"/> CERTIFICATE OF STATUS DESIRED	

\$8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT 07-98

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
Pres.	William P. Korstin	1771 W. Diehl Rd	Naperville, IL 60563
V. Pres.	Boyd Gentry	15415 Katy Freeway, Ste 800	Houston, TX 77094
V. Pres/ Sec.	Sydney Boone	15415 Katy Freeway, Ste 800	Houston, TX 77094
Asst. Sec.	Susan Thomas Whittle	One Ravinia Drive Suite 1500	Atlanta, GA 30346
Dir.	Leroy Williams	15415 Katy Freeway, Ste 800	Houston, TX 77094
Dir.	Charlie Carden	15415 Katy Freeway, Ste 800	Houston, TX 77094

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

 Signature of Registered Agent	Name CT Corporation System		
	Street Address (P.O. Box Number is Not Acceptable) 1200 S. Pine Island Road		
	Suite, Apt. #, Etc.		
	City Plantation	State FL	Zip Code 33324

10. 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 **E.A. Wallace, Asst Secy**
 REGISTERED AGENT MUST SIGN

700002426437--9
-02/10/98--01036--001
******750.00 ****750.00**

11. 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.)

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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******167.50 ****167.50**
(630) 305-8000

CR-200 3 (12-97)