

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # 834175

1. Corporation Name

NME PROPERTIES OF DELAWARE, INC.

Principal Place of Business

Mailing Address

3820 State Street
Santa Barbara, CA 93105

c/o Mary Yumibe
3820 State Street
Santa Barbara

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

2. New Principal Office Address, If Applicable

3820 State Street

Suite, Apt. #, etc.

3

City & State

Santa Barbara, CA

Zip

93105

Country

USA

3. New Mailing Office Address, If Applicable

c/o Mary Yumibe

Suite, Apt. #, etc.

3820 State Street

City & State

Santa Barbara, CA

Zip

93105

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/21/91

5. FEI Number

91-0620639

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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
P	Michael H. Focht, Sr.	3820 State Street	Santa Barbara, CA 93105
EVP/ CFO	Trevor Fetter	3820 State Street	Santa Barbara, CA 93105
SVP/ S/D	Scott M. Brown	3820 State Street	Santa Barbara, CA 93105
V/T	Terence P. McMullen	3820 State Street	Santa Barbara, CA 93105
AS	Alan Lundgren	3820 State Street	Santa Barbara, CA 93105

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

C T Corporation System
1200 S. Pine Island Road
Plantation, FL 33324

Name

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

Suite, Apt. #, Etc.

City

State

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

107 Healy and Son
REGISTERED AGENT MUST SIGN

Date 5-7-97

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

Alan Lundgren, Asst. Secretary

5/5/97
Date

805/563-7075
Daytime Phone #

FILED
97 MAY -9 PM 3:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT do-97

CP2ED040 (1/2/96)