

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 852507**

1. Corporation Name

**Neels Company, Inc**

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

**1172 S DIXIE HWY**

Suite, Apt #, etc

**360**

City & State

**CORAL GABLES ,FL**

Zip

**33146**

Country

**DADE**

3. Mailing Office Address

**1172 S DIXIE HWY**

Suite, Apt #, etc

**360**

City & State

**CORAL GABLES, FL**

Zip

**33146**

Country

**DADE**

7. Name and Address of Current Registered Agent

Name

**AMAL QAHHAT**

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

**3600 NE 170 TH ST**

Suite, Apt. #, Etc

**APT # 307 D**

City

**NORTH MIAMI BEACH**

State

**FL**

Zip Code

**33160**

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

REGISTERED AGENT MUST SIGN

**FILED**

**10 FEB -4 AM 11:31**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT**

**ID**

**900168028049**  
02/05/10--01002--023 \*\*750.00  
CR2E081 (11/09)

4. Date Incorporated or Qualified  
To Do Business in Florida

**04-8-1982**

5. FEI Number  
**98-0041168**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required  
for a Certificate of Status

☒ 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.

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
PD	Nelly Hirmas De Elsaca	6423 Collins Ave # 1003	Miami Beach, FI 33140
PD	Enrique Elsaca Saud	6423 Collins Ave #1003	Miam Beach, FI 33140
SD	Claudia Elsaca Hirmas	6423 Collins Ave # 1003	Miami Beach, FI 33140

10. E-mail Address: **amakahhat@yahoo.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:

*Nelly Hirmas De Elsaca*

**Nelly Hirmas De Elsaca**

**1-26-10**

**305-976-0481**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #