

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F00000001824

1. Corporation Name

N120FT,INC

W10-12822

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

3411 SILVERSIDE ROAD

Suite, Apt. #, etc.

City & State

WILMINGTON DE

Zip

19810

Country

USA

3. Mailing Office Address

301 DYER BLVD

Suite, Apt. #, etc.

102

City & State

KISSIMMEE FL

Zip

34741

Country

USA

REINSTATEMENT 08-10

200172000392
03/12/10--01024--011 **300.00
CR2E081 (11/09)

4. Date Incorporated or Qualified

To Do Business in Florida 03/31/2000

5. FEI Number

51-0397991

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

FOWLER WHITE BOGGS BANKER PA

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

C/O MICHAEL EL GOODBREAD JR 50 NORTH LAURA ST

Suite, Apt. #, Etc.

2200

City

JACKSONVILLE

State

FL

Zip Code

32202

☒ 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.

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

Date 03/02/2010

REGISTERED AGENT MUST SIGN

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
P	READ STEVE	301 DYER BLVD	KISSIMMEE FL 34741
VP	ISSOTT MARC	301 DYER BLVD	KISSIMMEE FL 34741

200172000392
04/06/10--01002--006 **158.75

204/7

10. E-mail Address: JROLDANOFT@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:

MARC ISSOTT

03/02/2010 407-518-7766

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #