

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 10 AM 10:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F00000006927

1. Corporation Name

NILED INC.

2. Principal Office Address

3034 Mercury Road

Suite, Apt. #, etc.

City & State

Jacksonville

Zip

32207-7915

Country

USA

3. Mailing Office Address

3034 Mercury Road

Suite, Apt. #, etc.

City & State

Jacksonville

Zip

32207-7915

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

July 2000

5. FEI Number

77-0492620

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

SEARS, CHARLES A

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

3616 EMERSON STREET

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32207

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 10/08/03

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
PCD	DELIN, SYLVIE C	3034 MERCURY ROAD	JACKSONVILLE, FL 32207-7915
VSD	CALDER, EBEN E	3034 MERCURY ROAD	JACKSONVILLE, FL 32207-7915
TD	DELIN, CHRISTOPHE	3034 MERCURY ROAD	JACKSONVILLE, FL 32207-7915

10. 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:

SYLVIE C DELIN

10/08/03

904-737-2701

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

7/10/13