

# F19000002212

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : HARVARD BUSINESS SERVICES, INC.  
Account Number : I20080000045  
Phone : (302)645-7400  
Fax Number : (302)645-1280

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: dwilson@applicantinfo.com

## FOREIGN PROFIT/NONPROFIT CORPORATION

### Nolster Corporation

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$78.75

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April 23, 2019

## FLORIDA DEPARTMENT OF STATE

Division of Corporations

HARVARD BUSINESS SERVICES, INC.

SUBJECT: NOLSTER CORPORATION  
REF: W19000039507

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of a voluntarily dissolved business entity. The name of a voluntarily dissolved business entity is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved business entity provides the Department of State with an affidavit or letter, stating that they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Yvette Scott  
Document Specialist II

FAX Aud. #: H19000131247  
Letter Number: 619A00008134

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May 6, 2019

Florida Department of State  
Division of Corporation  
2661 Executive Center Circle  
Tallahassee, Florida 32314

To whom it may concern,

The principals for Nolster Corporation (Document Number P16000001010), an administratively dissolved Florida Corporation, are in fact the same principals for Nolster Corporation (Document Number W19000039507), a Kansas Corporation that recently applied for Authority to transact business in the State of Florida.

The following named principals have no intention of reinstating the Florida Domestic Corporation, and wish to conduct business as a Kansas Corporation with the Authority to transact business in Florida.

 05/06/2019

By

Dean C Wilson  
President  
Nolster Corporation (Kansas registration)

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**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. Nolster Corporation  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "In.," "Co.," or "Corp.")
- Kansas  
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. 02-11-2014 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. \_\_\_\_\_ 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)
6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 1779 N. University Dr. #205, Pembroke Pines, FL 33024  
(Principal office address)
- 1779 N. University Dr. #205, Pembroke Pines, FL 33024  
(Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- Name: Dean Wilson
- Office Address: 1779 N. University Dr. #205
- Pembroke Pines, Florida 33024  
(City) (Zip code)

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**9. Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*



(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: Dean Wilson

Address: 1779 N. University Dr. #205, Pembroke Pines, FL 33024

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. \_\_\_\_\_

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. Dean Wilson, President

(Typed or printed name and capacity of person signing application)

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**STATE OF KANSAS**  
**OFFICE OF**  
**SECRETARY OF STATE**  
**SCOTT SCHWAB**

I, SCOTT SCHWAB, Secretary of State of the state of Kansas, do hereby certify, that according to the records of this office,

Business Entity ID Number: 4790838

Entity Name: NOLSTER CORPORATION

Entity Type: DOM: FOR PROFIT CORPORATION

State of Organization: KS

Resident Agent: DEAN C. WILSON

Registered Office: 12120 STATE LINE RD, LEAWOOD, KS 66209

was filed in this office on February 11, 2014, and is in good standing, having fully complied with all requirements of this office.

No information is available from this office regarding the financial condition, business activity or practices of this entity.



In testimony whereof I execute this certificate and affix the seal of the Secretary of State of the state of Kansas on this day of April 22, 2019

**SCOTT SCHWAB**  
**SECRETARY OF STATE**

Certificate ID: 1099570 - To verify the validity of this certificate please visit <https://www.kansas.gov/bess/flow/validate> and enter the certificate ID number.

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