

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

01 FEB -5 PM 4:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** F56946

**1. Corporation Name**

ONE N. NOVA ROAD, INC.

**2. Principal Office Address**

913 Pineapple Road

Suite, Apt. #, etc.

City & State

Daytona Beach, FL

Zip

32119

Country

USA

**3. Mailing Office Address**

c/o Schecter & Ass., P.A.

Suite, Apt. #, etc.

1030 W. Int'l Spdwy Blvd, 1004

City & State

Daytona Beach, FL

Zip

32114-3415

Country

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

12/03/81

**5. FEI Number**

59-2012603

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

Randal L. Schecter

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

1030 W. International Speedway Blvd.

Suite, Apt. #, Etc.

Suite 100

City

Daytona Beach

State

FL

Zip Code

32114-3415

**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

Date 02/01/01

**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
psT	RHODEN, LARRY L.	913 Pineapple Road	Daytona Beach, FL 32119
D	RHODEN, LAWTIS DAVID	913 Pineapple Road	Daytona Beach, FL 32119

**REINSTATEMENT**

**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:**

*Larry L. Rhoden*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Larry L. Rhoden, Pres

02/01/01

Date

(904) 527-9757

Daytime Phone #

CR2E081 (9/00)