

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

11/2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 MAR 27 AM 10:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

F97000002991

1. Corporation Name

NORDEV, INC.

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

200 South Division Street

Suite, Apt. #, etc.

City & State

Buffalo, New York

Zip

14204

Country

US

3. Mailing Office Address

200 South Division Street

Suite, Apt. #, etc.

City & State

Buffalo, New York

Zip

14204

Country

US

REINSTATEMENT

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

16-1494436

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

Brian J. McDonough

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

150 West Flagler Street, Suite 2200

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33130

☒ 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 SEE ATTACHED FOR REGISTERED AGENT SIGNATURE

Date

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	Richard L. Higgins	200 South Division Street	Buffalo, NY 14204
VSD	Gary B. Silver	200 South Division Street	Buffalo, NY 14204
TDC	Neil Brown	200 South Division Street	Buffalo, NY 14204

80095817958

04/05/07--01055--020 **600.00

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 contained in Chapter 119, 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:


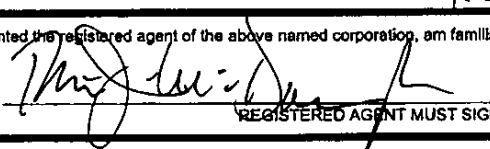
Richard Higgins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/07
Date

716-847-1098
Daytime Phone #

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2/2

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS			
DOCUMENT # F97000002991					
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2. Principal Office Address - No P.O. Box # 200 South Division Street <small>Suite, Apt. #, etc.</small>		3. Mailing Office Address 200 South Division Street <small>Suite, Apt. #, etc.</small>			
<small>City & State</small> Buffalo, New York		<small>City & State</small> Buffalo, New York			
<small>Zip</small> 14204	<small>Country</small> US	<small>Zip</small> 14204	<small>Country</small> US		
4. Date Incorporated or Qualified To Do Business In Florida					
5. FEI Number 16-1494436		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"><small>Applied For</small></td> <td style="width: 50%;"><small>Not Applicable</small></td> </tr> </table>		<small>Applied For</small>	<small>Not Applicable</small>
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6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status					
7. Name and Address of Current Registered Agent		<input checked="" type="checkbox"/> 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.			
<small>Name</small> Brian J. McDonough					
<small>Street Address (P.O. Box Number is Not Acceptable)</small> 150 West Flagler Street, Suite 2200					
<small>Suite, Apt. #, Etc.</small>					
<small>City</small> Miami	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"><small>State</small> FL</td> <td style="width: 50%;"><small>Zip Code</small> 33130</td> </tr> </table>			<small>State</small> FL	<small>Zip Code</small> 33130
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SIGNATURE: _____					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>		