PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1/2

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT# 1. Corporation Name

SIGNATURE:

F97000002991

on this application is true and accurate, and my signator shall have the same legal effect as if made under oath.

07 MAR 27 ANI 10: 26

TALLAHASSEE, FLORIDA

l `	nordev, inc. pal Office Address - No P.O. Box # outh Division Street	3. Mailing (n Street	REIN	STATEMEN CR2E081 (NT 05-0	
200 Sold DIVISION Street 200 Sold Sulte, Apt. #. etc. Suite, Apt. #.				TATRIC	n street		CRZEU81 (
							porated or Qualified Iness in Florida		
City & Sta		City & State				5. FEI Numbe	er	Applied For	
Buffa Zip	lo, New York Country	Buffalo	ffalo, New York Country			16-1494436 Nol Applicable			
14204	US	14204		US	y	6. CERTIFICATI	OF STATUS DESIRED	\$8.75 Additional Fee req	
	7. Name and Address	of Current Regis	tered A	gent		1			
Street Ad	J. McDonough dress (P.O. Box Number is Not Acceptable est Flagler Street, S	•	0			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 walved.			
Suite, Ap City Miami			State Zip Code FL 33130						
8. I, bein Signature Registered	Agent SEE ATTACHED FO		ERED	AGENT			on 607.0505 or 617.0503,	F.S.	
9. Name	s and Street Addresses of Each Officer ar	nd/or Director (Fig	rida non	profit corpor	ations must list at I	east 3 directors)			
Titles	Name of Officers and/or Directors				est Address of Eac icer and/or Directo			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	
						94./(04./(000959 5/0701056		
10. Leedi	y that I am an officer or director or the rec	aiver or injetee er	nnowere	i to execute	this application se	omylded for in the	nter 607 or 617 F.S. 1644	har carlify that when filling	
this re	instatement application, the reason for dis by the corporation have been paid and the	solution has been	eliminat	ed, the corpo	orate name satisfie	s the requirements	of section 607.0401 or 61	7.0401, F.S., that all fees	

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



REINSTATEMENT					IDA DEPART Secretary DIVISION OF CO	y of Sta	ate			V		
DOCUMENT # F97000002991 1. Corporation Name												
	NORDEV,	, INC	3.									
2. Principa	al Office Addre	ess - No	P.O. Box #	3. Mail	ling Office Addres	! S		1				
200 Sc	auth Div	visio	on Street	200	South Div	visio	n Street	CR2E081 (1/07)				
Suite, Apt. #	ł, etc.			Suite, A	λρt. #, etc.	etc.			4. Date incorporated or Qualified			
City & State				City & S	itate			To Do Business in Florida				
Buffal	o, New	Yorl	κ	Buff	alo. New	York		5. FEI Number		Applied For Not Applicable		
Zip		Countr		Zip		Country		6.	Ç9.7	5 Additional Fee required		
14204		US		1420	4	US		CERTIFICATE		or a Certificate of Status		
		7. Na	ıme and Addres	s of Current F	Registered Agen	ıt		!				
_{Name} Brian	J. McDo	വവാധ	nh:						Instatement fee is imp			
			er is Not Accepta	ble)	***			circumstances which the entity did not receive the prior notices. By checking this box, you				
		ıler	Street,	Suite 2	200			are certifying the prior notices were not				
Suite, Apt.	#, Etc.							received and requesting the reinstatement fee be waived.				
Chy Miami.						State Zip Code			walveu.			
8. I, being appointed the resistered agent of the above named corporation, am familiar with and accept the consistered Agent Registered Agent REGISTERED AGENT MUST SIGN							h and accept the of	bligations of section 607.0505 or 617.0503, F.S. Date 3/27/07				
9. Names	and Street A	ddresse	s of Each Officer	and/or Directr	or (Florida nonpro	ofit corpora	ations must list at le	ast 3 directors)				
Titles	Nome of					set Address of Each icer and/or Director		City / State	e / Zip			
P	Richard L. Higgins			200 \$	200 South Division Stre			Buffalo, NY 14	1204			
VSD	Gary B. Silver			200 8	200 South Division Street			Buffalo, NY 14204				
TDC	Neil E	3rowr	1 .		200 8	South	Division	Street	Buffalo, NY 14	1204		
				·								
										-		
this rei owed to on this	instatement ap by the corpora a application is	pplication ation have	n, the reason for o	dissolution has the names of i	s been eliminated, individuals listed o	i, the corpo on this for	orate name satisfies	s the requirements an exemption cont	Pepter 607 or 617, F.S. I further o s of section 607.0401 or 617.04 stained in Chapter 119, F.S. The	IO1, F.S., that all fees		
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR									Date Days	time Phone #		