

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 MAR -7 AM 8: 58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F98000000887

1. Corporation Name

National NNL Group, Inc.

2. Principal Office Address

13500 Sutton Park Dr. S

Suite, Apt. #, etc.
403

City & State

Jacksonville, FL 32224

Zip

32224

Country

Duval

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

4. Date Incorporated or Qualified
To Do Business in Florida

2/16/98

5. FEI Number

75-2326746

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

Connie Bookholt

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

3823 Hunt Club Road

Suite, Apt. #, Etc.

City

Jacksonville

State
FL

Zip Code
32224

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

Connie Bookholt

REGISTERED AGENT MUST SIGN

Date

2/6/01

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
CEO	Bookholt, Peter	3823 Hunt Club Road	Jacksonville, FL 32224
S/T	Bookholt, Connie	3823 Hunt Club Road	Jacksonville, FL 32224

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:

Connie Bookholt *Connie Bookholt*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/01
Date

904 821-8458
Daytime Phone #

CR2E081 (9/00)