

900 PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



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

FILED

01 APR 27 AM 10:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F98000601492

1. Corporation Name NEFES INC

2. Principal Office Address

1555 FLAMINGO AVE

Suite, Apt. #, etc.

City & State

LAS VEGAS NV

Zip

89119

Country

CLARK

3. Mailing Office Address

2743-1 ARLINGTON RD

Suite, Apt. #, etc.

City & State

JAX FL

Zip

32246

Country

DUAL

REINSTATEMENT

00-01

4. Date Incorporated or Qualified
To Do Business in Florida

3/12/98

5. FEI Number

911896536

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

HAROLD CORFIELD

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

2743-1 ARLINGTON RD

Suite, Apt. #, Etc.

City

JAX

State

FL

Zip Code

32246

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****900.00 ****900.00

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

4/23/01

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
P/H/S	E.B. WRIGHT	1555 FLAMINGO AVE	LAS VEGAS NV 89119

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:

[Signature] V.P.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/01 (909) 691-5688

Date

Daytime Phone #

CR2E081 (8/00)