PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 JAN -8 PM 4:40

CR2E081 (11/09)

DOCUMENT # G11335

1. Corporation Name
NELSON HOLDINGS III, INC.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
2917 SOUTH OCEAN BLVD.	2917 SOUTH OCEAN BLVD.
Suite, Apt. #, etc. 1101	Suite, Apt. #, etc. 1101
City & State HIGHLAND BEACH, FL	City & State HIGHLAND BEACH, FL
Zip 33487 Country PALM BEACH	Zip 33487 Country PALM BEACH

4. Date Incorporated or Qualified To Do Business in Florida 12/02/1982

5. FEI Number 592295911 ☐ 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: LINDA A. ALGUIRE

Street Address (P.O. Box Number is Not Acceptable): 2917 SOUTH OCEAN BLVD.

Suite, Apt. #, Etc.: 1101

City: HIGHLAND BEACH, FL State: FL Zip Code: 33487

☑ 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: Linda A. Alguire Date: 12/31/2009
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
PD	WILLIAM A. ALGUIRE,JR	2917 SOUTH OCEAN BLVD.	HIGHLAND BEACH, FL
S	LINDA A. ALGUIRE	2917 SOUTH OCEAN BLVD.	HIGHLAND BEACH, FL
		900165450989 01/11/10--01001--014 **908.75	
		05-10 TS 1/8/10	

10. E-mail Address: bill.alguire@gmail.com
(To be used for future annual report notification)

11. 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. I further certify 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: William A. Alguire WILLIAM A. ALGUIRE,JR 12/31/2009 561-278-2917