

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 OCT -1 PM 3:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G79210

1. Corporation Name

NOMELCO, INC.

2. Principal Office Address

c/o Prudential Florida

3. Mailing Office Address

Real Estate Cenber

Suite, Apt. #, etc.

Attn: Greer Thomison

Suite, Apt. #, etc.

City & State

937 N. Magnolia Avenue

City & State

Florida

Zip

32803

Country

Orlando

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

1.3.84

5. FEI Number

59-2827476

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

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State
FL

Zip Code
32301

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

Laura R. Dunlap

Laura R. Dunlap
as its agent

Date

10/1/02

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
D/P/T	Christopher Thanos	Calle 7 este # 0, Santa Equipetrol	Cruz, Bolivia
S	Habib Rahman	225 North Avenue	Weston, MA 02493

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)(l), 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:

Habib Rahman
Habib Rahman, Secretary

9.27.02

(781) 647. 7748

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)



Lat

ACCOUNT NO. : 072100000032

REFERENCE : 764631 7351451

AUTHORIZATION

Patricia Piguet

COST LIMIT : \$ 908.75

ORDER DATE : September 30, 2002

ORDER TIME : 12:04 PM

ORDER NO. : 764631-005

CUSTOMER NO: 7351451

CUSTOMER:

Habib Rahman
225 North Avenue

Weston, MA 02493

RECEIVED
02 OCT - 1 PM 12:53
TALLAHASSEE, FL 32304

DOMESTIC FILINGS

NAME: NOMELCO, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward

EXAMINER'S INITIALS _____