

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		REINSTATEMENT 59 JUL 20 PM 3:40 STATE TALLAHASSEE, FLORIDA																																	
DOCUMENT # J30610 1. Corporation Name N-O-R PROPERTIES, INC.																																			
Principal Place of Business 5572A North Ocean Boulevard Ocean Ridge, Florida 33435		Mailing Address																																	
If above addresses are incorrect in any way, line through incorrect information and enter correction below																																			
2. New Principal Office Address, If Applicable 7301-A W. Palmetto Pk. Rd. Suite 305C Boca Raton, FL 33433 USA		3. New Mailing Office Address, If Applicable 7301-A W. Palmetto Pk. Rd. Suite 305C Boca Raton, FL 33433 USA																																	
		4. Date Incorporated or Qualified To Do Business in Florida 08/27/86																																	
		5. FEI Number 59-2715530																																	
		6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status																																	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">1. Title(s)</th> <th style="width: 30%;">2. Name of Officers and/or Directors</th> <th style="width: 30%;">3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)</th> <th style="width: 30%;">4. City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>PD</td> <td>Ronning, Jens Petter</td> <td>7301-A W. Palmetto Pk. Rd. Suite 305C</td> <td>Boca Raton, FL 33433</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>				1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip	PD	Ronning, Jens Petter	7301-A W. Palmetto Pk. Rd. Suite 305C	Boca Raton, FL 33433																								
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8. Name and Address of Current Registered Agent Sciarretta, Edmund C. 7301-A. West Palmetto Park Road Suite 305C Boca Raton, Florida 33433		9. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ Suite, Apt. #, Etc _____ City _____ State FL Zip Code _____																																	
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent <i>[Signature]</i> REGISTERED AGENT MUST SIGN Date 7/7/99																																			
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☐ No ☒ (See other side for information on intangible tax)																																			
12. 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: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR JENS PETTER RONNING		7/14/99 Date Daytime Phone # _____																																	

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