

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 SEP -1 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

559048

1. Corporation Name

NESLO, INC.

2. Principal Office Address

5811 Pelican Bay Blvd.

Suite, Apt. #, etc.

Suite 600

City & State

Naples, FL

Zip

34108

Country

USA

3. Mailing Office Address

5811 Pelican Bay Blvd.

Suite, Apt. #, etc.

Suite 600

City & State

Naples, FL

Zip

34108

Country

USA

REINSTATEMENT

98-04

4. Date Incorporated or Qualified

To Do Business in Florida February 24, 1987

5. FEI Number

65-0029455

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

Andrew J. Krause, Esquire

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

5811 Pelican Bay Blvd.

Suite, Apt. #, Etc.

Suite 600

City

Naples, FL

State

FL

Zip Code

34108

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**

Andrew J. Krause

REGISTERED AGENT MUST SIGN

Date

8/30/04

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, S	Judy Westhoven	4626 Waterford Court	Toldeo, OH 43623

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 filling 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)(f), 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:

Judy Westhoven

/Judy Westhoven

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/25/04

419-843-4849

Daytime Phone #

CR2001 (01/04)