

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

FILED

96 DEC 31 PM 1:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

J60787

1. Corporation Name

N.M.F., Inc.

Principal Place of Business

Mailing Address

722 East Hoffner Avenue
Orlando, Florida 32809

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

7601 Della Drive
Suite, Apt. #, etc.

3. New Mailing Address, If Applicable

Suite, Apt. #, etc.

City & State

Orlando, Florida

City & State

Zip

32819

Country

U.S.A.

Zip

Country

4. Date incorporated or Qualified
To Do Business in Florida

March 9, 1987

5. FEI Number

592784977

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

75 Annual Fee (required
in Certificate of Status)

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

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
D, P, VP, T	Nancy M. Foster	8460 Tansy Drive	Orlando, FL 32819

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****583.75 ****583.75

JB 1-2-97

8. Name and Address of Current Registered Agent

Tompkins A. Foster
20 N. Orange Ave.
Suite 600
Orlando, FL 32801

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 607.0509, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 12/30/96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I reserve the right to withdraw from any liability of non-compliance with Section 119.07(3)(b) in the event that the information supplied is deemed exempt from public access. I further certify that when filing this information, I am not aware of any other information that I am required to file with this filing.