

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L87104

1. Corporation Name

Nealway of Florida, Inc.

1136 Short Street

2. Principal Office Address

1136 Short Street

Suite, Apt. #, etc.

City & State

Fort Myers, FL

Zip

33916-1625

Country

US

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

FILED

04 JUN 12 PM 2:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT-03-04

05/06/04 01023 010 \$900.00

4. Date Incorporated or Qualified

To Do Business in Florida 07/16/1990

5. FEI Number

650206687

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

Truman J. Costello

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

12670 New Brittany Blvd.,

Suite, Apt. #, Etc.

Suite 101

City

Fort Myers,

State
FL

Zip Code
33907

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

REGISTERED AGENT MUST SIGN

Date

6/04/04

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
P.D.	Cornelius V. Ward	1136 Short Street	Fort Myers, FL 33916

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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6-4-04 239
332-1080

Daytime Phone #