

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

142

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

06 NOV 30 PM 5: 03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*JSK*

DOCUMENT # L87104

1. Corporation Name

Nealway of Florida, Inc.

2. Principal Office Address

1136 Short Street

3. Mailing Office Address

1136 Short Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Fort Myers, FL

City & State

Fort Myers, FL

Zip  
33916

Country  
USA

Zip  
33916

Country  
USA

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

CR2E081 (12/05)

**7. Name and Address of Current Registered Agent**

Name

Cornelius V. Ward

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

1495 NE 179th Street

Suite, Apt. #, Etc.

City

North Miami

State

FL

Zip Code

33162

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

*Cornelius V. Ward*

Date 11/16/2006

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
P	Cornelius V. Ward	1495 NE 179th Street	N. Miami, FL 33162

REINSTATEMENT

05-06  
*JSK*

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 contained in Chapter 119, 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:

*Cornelius V. Ward*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Cornelius V. Ward

11/21/2006

Date

(239) 332-1080

Daytime Phone #

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***Nealway of Florida, Inc.***  
***1136 Short Street, Fort Myers, FL 33916***  
***(239) 332-1080 (239) 332-2417 Fax***  
***Email: nealwayoffla@aol.com***

11/20/2006

Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

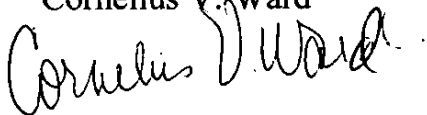
Dear Sirs:

I am requesting that you waive the reinstatement fees for my company. I did not receive the <sup>2005</sup> annual report notices. I have enclosed a personal check for \$300.00 to reinstate Nealway of Florida, Inc.

If you have any questions, please do not hesitate to contact me.

Thank you,

Cornelius V. Ward



*Document corrected per Vashti Dozier. Dsc  
They did not rec notices in 2005.*