PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

T EE NOE NE NE	ALL INSTRUCTIONS BEFORE	-	
CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		2008 JAN 24 AM 9: 40
DOCUMENT # N00000のひひけんる み1. Corporation Name		SECRETARY OF STAIL TALLAHASSEE.FLORIDA	
•	2 (2.5)		
-	W08-1202		
	NASTLES INC.	_	
2. Principal Office Address - No P.O. Box #	3. Mailing Office Address	RFI	nstatement <u>06-08</u>
3019 MYCKIGHN AVE	V, 0, Box 50400 Suite, Apt. #, etc.	1116	INO I FCRESIST (4/0V) I
			norated or Qualified ness in Florida
City & Ctate——	City & State	5. FEI Numbe	<u> </u>
Fort Myers 71A,	FORT MYELS FIA	J. TETNAMOE	— Not Applicable
33916 LEE	33994 LEE	6. CERTIFICATE	SB.75 Additional Fee required for a Certificate of Status
	Current Registered Agent		ior a servinciale of oralical
Name)		The re	instatement fee is imposed, except in
Street Address (P.O. Box Number is Not Acceptable)		circumstances which the entity did not receive	
267 Charlford AVL		the prior notices. By checking this box, you are certifying the prior notices were not	
Suite, Apt. #, Etc.		received and requesting the reinstatement fee be waived.	
Tort Myers FL 33916			waiveu.
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 ULG A 44236.00			
REGISTERED AGENT MUST SIGN			
9. Names and Street Addresses of Each Officer and	d/or Director (Florida nonprofit corporations must list at le		
Titles Name of Officers and/or Directors	Street Address of Eac Officer and/or Directo		City / State / Zip
P WYING T. Gre	EN 2996 St. Char	les St	Fort Myers 71A 33916
VP LESIGE GrEEN 830 Champion		AVE	LEHIGH HUES 718 33971
50 CLARISSA DANN		<u> </u>	Fort MYETS 71833916
1D CARDYN GREEN	2996 St Charles S	\mathcal{A}	Fort MULTS FLA 33916
D SESSIE Peterson	(100	ve	Fort my 813 718 33905
D BodGRICK Gree	3645- A Mechica	J AVS	7014 MUEIT 7/14 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 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 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: MILLIO TROUTS AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Phone #			

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