

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

192

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N98000006448

1. Corporation Name

NLA-FLORIDA, INC.

Principal Place of Business

Mailing Address

1207 NW 6TH AVE
 FT LAUDERDALE FL 33311

P O BOX 4911
 FT LAUDERDALE FL 33338-4911

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

11/12/1998

5. FEI Number **31-1632212**
APPLIED FOR

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a 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	4 City / State / Zip
PD	LAWRENCE, ERIC ED SPARAN NO SARA	1207 NW 6TH AVE 2400 W. Broward Blvd. #1717	FT LAUDERDALE FL 33312
CSD D	GARLSON, GARRY WALTER V	1749 ROOSEVELT ST	HOLLYWOOD FL 33020
CSD	FOX, LAWRENCE Timothy Galbreath	2000 NE 18 TERR 214 SW SPAN AVE	FT LAUDERDALE FL 33306 Aventura FL 33324
			000003523880--7
			-01/04/01--01099--006
			*****61.25. *****61.25
			SP

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ARMSTRONG, GERALD A
 5944 NE 6TH AVE
 MIAMI FL 33137-1367

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

[Signature]

Date 10-24-00

REGISTERED AGENT MUST SIGN

11. 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

10/23/00
 Date

Daytime Phone #

CFR25040 (3/00)

2022

Divisions of Corporations
Tallahassee, Fl 32314-6327

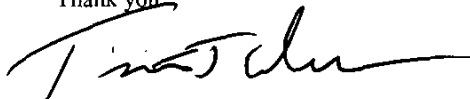
Re: NLA-Florida, Inc.
Doc. No. N09000006448

Please forgive the penalties associated with the application for reinstatement enclosed. Our basis for requesting this consideration are as follows:

1. We are a non-profit organization.
2. We do not have nor can we afford professional help with our filings.
3. We have had a turnover in treasurers and this filing must have gotten misplaced.
4. This is the first that our board was aware of the missed filing or the requirement for a filing.
- 5. Our president had to resign due to a terminal illness and because of his extreme condition this filing may have been misplaced.

We appreciate any consideration you may be able to grant us.

Thank you



Timothy J. Galdencio
Acting Treasurer

241 SW 58th Ave
Plantation, Fl 33317

305-536-4981