

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

07 APR -4 PM 2:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000027306

1. Corporation Name

NLC, INC.

REINSTATEMENT 05-07

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #
1501 NE 24th STREET

Suite, Apt. #, etc.

City & State
WILTON MANORS, FL

Zip
33305

Country
USA

3. Mailing Office Address
1501 NE 24th STREET

Suite, Apt. #, etc.

City & State
WILTON MANORS, FL

Zip
33305

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida **MARCH 17, 2000**

5. FEI Number
65-1015713

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
GUY URCIUOLI

Street Address (P.O. Box Number is Not Acceptable)
1501 NE 24th STREET

Suite, Apt. #, Etc.

City
WILTON MANORS

State
FL

Zip Code
33305

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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 **3/21/07**

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
PRES	GUY URCIUOLI	1501 NE 24th STREET	WILTON MANORS, FL 33305
			500096010275 04/06/07--01049--017 **485.00

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:

Guy Urciuoli
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/07
Date

954-907-2050
Daytime Phone #