

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 DEC 18 PM 2:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000052385

1. Corporation Name

NELLE H. AYRES CONSULTANTS, INC.

Principal Place of Business

545 Conifer St.
545 CINIFER ST.
MELBOURNE FL 32904

Mailing Address

545 Conifer St.
545 CINIFER ST.
MELBOURNE FL 32904

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

2. New Principal Office Address, If Applicable

545 Conifer St.

Suite, Apt. #, etc.

City & State

Melbourne, Fl.

Zip

32904

Country

3. New Mailing Office Address, If Applicable

545 Conifer St.

Suite, Apt. #, etc.

City & State

Melbourne, Fl.

Zip

32904

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/22/2000

5. FEI Number 02-0655398

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	AYRES, NELLE H	545 CINIFER ST.	MELBOURNE FL 32904

8. Name and Address of Current Registered Agent

KAHN, MICHAEL H ESQ.
482 NORTH HARBOR CITY BLVD.
MELBOURNE FL 32935

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of
Registered Agent

Michael Kahn SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 11-24-02

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

Nelle Ayres SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #