	PLEASE READ	ALL INST	RUCTIONS	S BEFORE C	COMPLET	ING THIS FOR	M.		
	PLICATION FOR STATEMENT	3	A DEPARTME Jim Smit Secretary of Secretary	State		FILED			
DOCUMENT # P0000057109 1. Corporation Name					03 JUN 10 AM 8: 03				
MICHELLE NUTTER ISR, INC.					SECRETARY OF STATE TALLAHASSEE, FLORIDA				
Principal Place of Business Mailing Address						114 68 111 8 0 111 88111 8011 88111 881		111 56 10 0 1861 1881	
3400 FLOF OVIEDO F	rida avenue L 32765	-	3400 FLORIDA AVENUE OVIEDO FL 32765						
If above a	addresses are incorrect in any way, line th	rough incorrect in	nformation and ente	r correction below.	30 04/08	00015477 /030107202	7583 2 **15	0.00	
2. New Pri Suite, Apt.	incipal Office Address, If Applicable		ing Office Address, I	f Applicable		orated or Qualified ness in Florida	06/05/20	00	
City & State		Suite, Apt. #, etc. City & State			5. FEI Numbe	59-3657284		Applied For	
Zip	Country	Zip Country			_6CERTIFICATI	E OF STATUS DESIRED		onal Fee required ficate of Status	
7. Names	and Street Addresses of Each Officer and	or Director (Flo	rida nonprofit corpo	rations must list at lea	ast 3 directors)				
Title(s)	Title(s) Name of Officers and/or Directors			treet Address of Each Officer and/or Director	City / State / Zip				
P	NUTTER, MICHELLE	3400 FLURIOA	AVE.	OVIEDO FL 32765					
					-:	0015177	599	· · · · · · · · · · · · · · · · · · ·	
					06/10/	300015477583 06/10/0301042018 **150.00			
					06/10/	0015477 0301042019	**150	.00	
					····				
8. Name and Address of Current Registered Agent					Name and Address of New Registered Agent				
NUTTËN, MICHELLE 3400 FLORIOA AVE.				Name					
				Street Address (P.O. Box Number is Not Acceptable)					
Suite Apt. #, Etc.									

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.

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 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 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.

City

SIGNATURE:

State Zip Code

MICHELLE NUTTER ISR, INC. 3400 FLORIDA AVE. OVIEDO, FLORIDA 32765

March 26, 2003

Florida Department of State
Division of Corporations
Tallahassee, Florida

Dear Sir:

Please find a check in the amount of \$150.00 enclosed for the 2002 UBR, our document number is P00000057109.

We would appreciate abatement of the late payment penalty based on the fact, we have not received the annual report.

Thank you for your co-operation in this matter and if you have any questions, please do not hesitate to write or call.

Sincerely,

Michelle Nutter

Michelle Nutter

President



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

April 9, 2003

MICHELLE NUTTER ISR, INC. 3400 FLORIDA AVENUE OVIEDO, FL 32765

SUBJECT: MICHELLE NUTTER ISR, INC.

Ref. Number: P00000057109

We have received your document for MICHELLE NUTTER ISR, INC. and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The total amount due to reinstate is \$300.00.

There is a balance due of \$150.00.

a - A. 我母妈妈妈睡春的人说的话说

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Justin M Shivers Document Specialist

Letter Number: 403A00021200

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