PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 DEC -8 AM 10:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # p01000025855

1. Corporation Name
NO Reason INC

REINSTATEMENT 03

2. Principal Office Address
983 Coconut
Suite, Apt. #, etc.
City & State NAples FL
Zip 34104 Country Collier

3. Mailing Office Address
8360 Barbie LN
Suite, Apt. #, etc.
City & State FT Myers
Zip 33917 Country LEE

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 641141498 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $30.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name DAVA McCord
Street Address (P.O. Box Number is Not Acceptable)
8360 Barbie LN
Suite, Apt. #, etc.
City FT Myers State FL Zip Code 33917

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 DAVA McCord
REGISTERED AGENT MUST SIGN
Date 11/28/03

CR2E081 (10-02)

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
	President	8360 Barbie LN	FT Myers FL 33917
	DAVA McCord		
			800025330428 12/08/03--01076--022 **750.00

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 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: DAVA McCord 11/28/03 239-567093
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #