

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 MAY -6 AM 9:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000026370

1. Corporation Name

NAMELESS INC.

2. Principal Office Address

439 West St Quincy, FL
Suite, Apt. #, etc.

3. Mailing Office Address

439 West St.
Suite, Apt. #, etc.

City & State

Quincy, FL

City & State

Quincy, FL

Zip

32351

Country

U.S.

Zip

32351

Country

U.S.

900054868419
05/19/05--01086--007 **450.00

**4. Date Incorporated or Qualified
To Do Business in Florida**

3/13/01

5. FEI Number

59-370-7698

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

Steve Williams

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

439 West St.

Suite, Apt. #, Etc.

City

Quincy

State

FL

Zip Code

32351

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

Steve Williams

Date

4/29/05

REGISTERED AGENT MUST SIGN

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
CEO	Steve Williams	439 West St	Quincy, FL 32351
P	John F. Baker	1507 Pine Drive APT 75	College Park, GA 30049

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:

Steve Williams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/29/05 (850) 875-9743

Daytime Phone #

CR2E081 (01/05)