PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1. Corporation Name NOCTHILLEST FLOCIDATELISETELLAL INC. 2. Principal Office Address 945 CAMBLE ST, Suite, Apt. #, etc. 3. Mailing Office Address 945 CAMBLE ST, Suite, Apt. #, etc. 4. Date Incorporated or Qualified To Do Business in Florida To Do Business in Florida 5. FEI Number 7. Name and Address of Current Registered Agent 4. Date Incorporated or Qualified To Do Business in Florida To Do Business in Florida 5. FEI Number 6. CERTIFICATE OF STATUS DESIRED 7. Name and Address of Current Registered Agent 9. Suite, Apt. #, Etc. City 1. Date Address of Current Registered Agent 9. Suite, Apt. #, Etc. City 1. Date Address of Current Registered Agent 9. Suite, Apt. #, Etc. City 1. Date Address of State State 1. Date Address of State State 1. Date Address of State State 1. Date Address of State			70			= 1			
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To Same and Address of Current Registered Agent 7. Name and Address of Current Registered Agent Define									
Street Address (P.O. Box Nursey) is Not Acceptable St. 33304 Suite, Apt. #, Etc. City Individual Committee of registered agent of the above named corporation, an familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent Addresses of Each Officer and/or Director (Florda nonprofit corporations must list at least 3 directors) 7. Names and Street Addresses of Each Officer and/or Directors Name of Officers and/or Directors Name of Officers and/or Directors Name of Officers and/or Directors NICKYSON, CLYDE 221 BERMADE RD, INCKYSON, CLYDE 221 BERMADE RD, INCKYSON, CLYDE 2209 SPARY OAKS PK, INCK, 32312 SEC. CRUB RCH 2009 SPARY OAKS PK, INCK, 32303 11720/1201076001 ***750.000	Zip	10 Countr	у	I .		6.	S8.75	Additional Fee required a Certificate of Status	
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 Author Signature of Registered Agent Agent Author Signature of Registered Agent		Name Advisors (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.							
Signature of Registered Agent Julian Music Sign Provided in Music Sign Agent Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Officers and/or Directors Street Address of Each Officer and/or Directors Officer and/or Director Offic	Q I being	Tall	The state of the s		familiar with and accept the	10 TE			
Name of Officers and/or Directors PLANTED TAMES WHITE JR. PLANTED TAMES WHITE JR. PLANTED TAMES WHITE JR. PLANTED TAMES WHITE JR. PLANTED TR. PLANTED TR. PLANTED TR. PLANTED TR. PLANTE JR.	Signature o	· / ha	new M	alo ()				_	
Officer and/or Directors	9. Names	and Street Addresses	s of Each Officer and	d/or Director (Florida nonpre	ofit corporations must list at	least 3 directors)			
NICKYSON, CLYDE 221 BERMUNE RD. IMI, FL, 32312 482. CREBRICH 2009 SAADY OAKS PK, TALL. FL. 32303 60000116306 11/20/02-01076-001 **750.00	Titles						City / State / Zip		
2009 SPADY OAKS PK, SALC. FL. 32303 100000116306 11/20/11201076001 **750.00	Planing Vacal	<u>}</u>					ALL. FL.	32310	
600009116306 11/20/0201076001 **750.00		NICKYSON, CLYDE		221	221 BORMUNE RD.				
10 Locality that Lam an efficiency of director or the receiver or trustee empowered to execute this application as provided for in chanter 607 or 617. ES. I further certify that when filling	46°C.	GROB REN		2009	2009 SHADY DAKS PK,		2, JAC. Pl. 32303 600009116306 11/20/0201076001 **750.00		
THE LESSING THAT LADIAN CORREST OF DIRECTOR OF THE RECEIVER OF THAT WHO I MIND ADDITION OF THE CHAPTER OF THE C	10. Lectif	y that I am an officer o	or director or the rece	eiver or trustee empowered	to execute this application a	s provided for in chapter 6	507 or 617, F.S. I further	certify that when filing	

SIGNATURE: JUMEN White J. James White Te. 11/20/2002 524-532

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.

CR2E081 (9/01)