

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 MAY 24 AM 9:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

WS 400001712

DOCUMENT # P01000047455

1. Corporation Name

NEVILLE SALES CORP.

2. Principal Office Address

10774 BLUE PALM ST.

Suite, Apt. #, etc.

City & State

PLANTATION, FL

Zip

33324

Country

USA

3. Mailing Office Address

10774 BLUE PALM ST.

Suite, Apt. #, etc.

City & State

PLANTATION, FL

Zip

33324

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5/11/2001

5. FEI Number

56-2456368

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

RENDELL L BREWSTER

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

15321 S. DIXIE HWY

Suite, Apt. #, Etc.

SUITE 305

City

MIAMI

600034794376
04/30/04--01007--023 **1050.00

600034794376
04/30/04--01007--024 **8.75

State

FL

Zip Code

33157

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

Rendell L Brewster CPA, PA

REGISTERED AGENT MUST SIGN

Date 4/26/04

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
PSID	NEVILLE MUSIKWA	10774 BLUE PALM ST.	PLANTATION, FL 33324
VP	DENAY MARIANDURE	14540 SWORDALE LANE	BURSTON, VIRGINIA 20136
SEC	RENDELL L. BREWSTER	15321 S. DIXIE HWY. #305	MIAMI, FL 33157

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:

Rendell L Brewster CPA, PA NEVILLE MUSIKWA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/26/04 (305) 253-8774

Daytime Phone #

CR2E081 (01/04)