PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
02 DEC 16 AM 11:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
[redacted]
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000086103

1. Corporation Name
Nemma, Inc.

REINSTATED 02

11-01-02 01087 004 $750.00

2. Principal Office Address	3. Mailing Office Address
2428 Shoal Crk Ct.	SAME
Suite, Apt. #, etc. —	Suite, Apt. #, etc. —
City & State Oviedo	City & State FL
Zip 32765 Country U.S.A.	Zip — Country —

4. Date Incorporated or Qualified To Do Business In Florida 2001

5. FEI Number 01-0707739 ☐ 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 Nemma Fullilen

Street Address (P.O. Box Number is Not Acceptable) 2428 Shoal Crk Ct. Ov

Suite, Apt. #, Etc.

City Oviedo State FL Zip Code 32765

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 Nemma Fullilen Date 12/11/02
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
President	Nemma Fullilen	2428 Shoal Crk Ct	Oviedo, FL 3276

12/18

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: Nemma Fullilen 12/11/02 321-228-1466
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E081 (8/01)