

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JUL 29 AM 8:00

REINSTATEMENT 03-04
MRD

800039693518
07/29/04--01042--010 **\$900.00

DOCUMENT # PO2000042046

1. Corporation Name

N&L Services, Inc.

2. Principal Office Address

5100 N. Ocean Blvd

Suite, Apt. #, etc.

518

City & State

Ft. Lauderdale, FL

Zip

33308

Country

USA

3. Mailing Office Address

5100 N. Ocean Blvd

Suite, Apt. #, etc.

518

City & State

Ft. Lauderdale, FL

Zip

33308

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

4/11/2002

5. FEI Number

42-1592258

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

Tracy B. Newmark, Esquire

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

3850 Hollywood Boulevard

Suite, Apt. #, Etc.

Suite 300

City

Hollywood

State

FL

Zip Code

33021

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

Tracy B. Newmark

REGISTERED AGENT MUST SIGN

Date

7/27/04

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
D	Tracy B. Newmark	3850 Hollywood Blvd #300	Hollywood, FL 33021
D	Lori El Sanadi	5100 N. Ocean Blvd #518	Ft. Lauderdale, FL 33308
P/D/C	Nabil El Sanadi	5100 N. Ocean Blvd #518	Ft. Lauderdale, FL 33308

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:

Tracy B. Newmark

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/27/04 954 981220

Daytime Phone #

CR2E081 (01/04)