

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAR 30 AM 10:19

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P02000051394

1. Corporation Name

NECKELMANN'S, INC.

000031573690

03/31/04--01070--028 **8.75

REINSTATEMENT 03-04

2. Principal Office Address

1463 Camellia Circle

3. Mailing Office Address

1463 Camellia Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WESTON - FL

City & State

WESTON - FL

Zip

33326

Country

Zip

33326

Country

4. Date Incorporated or Qualified

To Do Business in Florida 05/09/2002

5. FEI Number

04-3665978

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

NECKELMANN, DAISY

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

1463 CAMELLIA CIR

Suite, Apt. #, Etc.

City

WESTON

State

FL

Zip Code

33326

000031573690

03/31/04--01070--029 **30.00

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

Daisy Neckelmann

REGISTERED AGENT MUST SIGN

Date 03/26/2004

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
P	NECKELMANN, CLAU E	1463 CAMELLIA CIR	WESTON FL 33326
V	THIELEMAN, SYLVIA I	1463 CAMELLIA CIR	WESTON FL 33326
S	NECKELMANN, DAISY	1463 CAMELLIA CIR	WESTON FL 33326

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:

Daisy Neckelmann

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/26/2004

Date

1-954 389 7658

Daytime Phone #

CR2001 (01/04)

Attachment

March 26, 2004

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: Neckelmann's Inc. # P02000051394

Dear Sir or Madam:

I just found out that my company, Neckelmann's Inc., was closed because I did not send the check to cover last year's dues. I apologize for my oversight but I did not receive the UBR statement, which would have reminded me to send that money.

My company is very small and has not produced many revenues, however I have invested a lot of time in it. I make Custom made Belly Dance and Show Girls beaded Costumes and I do not want to let it go mainly because this year things are looking much better.

I am enclosing a check for \$300 for the waiver fee.

Thank you for your understanding.

Sincerely,

Daisy Neckelmann

Daisy Neckelmann
1463 Camellia Circle
Weston, FL 33326

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PHONE: 1-954 389 7658 • FAX: 1-954 349 0262