

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

09 DEC -8 AM 9:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P03000079229

1. Corporation Name

Nolan Investments, Inc.

**REINSTATEMENT 07-09**

200163425012  
12/08/09--01019--005 \*\*1058.75

CR2E081 (11/09)

2. Principal Office Address - No P.O. Box # 2840 W. Bay Dr. Suite, Apt. #, etc. #279 City & State Belleair FL Zip 33756		3. Mailing Office Address 2840 W. Bay Dr. Suite, Apt. #, etc. #279 City & State Belleair FL Zip 33756	
Country USA		Country USA	

4. Date Incorporated or Qualified To Do Business in Florida 07/17/2003	
5. FEI Number 200184616	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name Joseph W. Gaynor		
Street Address (P.O. Box Number is Not Acceptable) 911 Chestnut St.		
Suite, Apt. #, Etc.		
City Clearwater	State FL	Zip Code 33756

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 	Date 11-12-09
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
P	Raymond W Nolan	416 Lotus Path	Clearwater FL 33756
VP	Liza N Nolan	416 Lotus Path	Clearwater FL 33756

10. E-mail Address: rwnnolan@gmail.com	
(To be used for future annual report notification)	
11. 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. I further certify 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:  President SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date 11/13/09 Daytime Phone #