

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 DEC 21 PM 4:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000125240

1. Corporation Name

NOLAN SEGARS, INC

500163832955
12/21/09--01053--001 **300.00

REINSTATEMENT CR2E081 (11/09) 08-09

2. Principal Office Address - No P.O. Box # 2440 CHEROKEE RD		3. Mailing Office Address	
Suite, Apt #, etc.		Suite, Apt #, etc.	
City & State ST. CLOUD, FL		City & State FL	
Zip 34772	Country USA	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida	
5. FEI Number 700 360 967	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status*	

7. Name and Address of Current Registered Agent			
Name NANCY BECK			
Street Address (P.O. Box Number is Not Acceptable) 2440 CHEROKEE RD			
Suite, Apt. #. Etc.			
City ST CLOUD	State FL	Zip Code 34772	

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: Nancy Beck REGISTERED AGENT MUST SIGN Date: 12-5-09

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
PRES SECRETARY	NOLAN SEGARS	2440 CHEROKEE RD	ST. CLOUD, FL 34772

10. E-mail Address: _____ (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: Nolan Segars 12/15/09
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #