

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

06:10:21 11:31

DOCUMENT # PD3000157708

1. Corporation Name

NILDALIZ INC

2. Principal Office Address

6004 APPIAN WAY

Suite, Apt. #, etc.

City & State

ORLANDO

Zip

FL 32807

Country

USA

3. Mailing Office Address

6004 APPIAN WAY

Suite, Apt. #, etc.

City & State

ORLANDO

Zip

FL 32807

Country

USA

REINSTATEMENT
CR2E081 (12/05)

05-09

4. Date Incorporated or Qualified
To Do Business in Florida

12/26/2003

5. FEI Number

030534396

☒ 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

JOSE VELEZ

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

6004 APPIAN WAY

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32807

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

Jose L Velez

REGISTERED AGENT MUST SIGN

Date

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	VELEZ, JOSE L	6004 APPIAN WAY	ORLANDO, FL 32807
MNGR			

400081557114

11/07/06 01003-018 **236.25

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 contained in Chapter 119, 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:

Jose L Velez / Nildalizi Inc

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/2/2006

Daytime Phone #