1 of 2

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
06 JUL -6 PM 3:38

DOCUMENT # P04000002124

1. Corporation Name
Restorations by Nefco, Inc.

REINSTATEMENT 04-06

CR2E081 (12/05)

2. Principal Office Address	3. Mailing Office Address
6557-1 Garden Rd	P.O. Box 9455
Suite, Apt. #, etc. —	Suite, Apt. #, etc. —
City & State: Riviera Beach FL	City & State: Riviera Beach, FL
Zip: 33404 Country: USA	Zip: 33419 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: Dec. 22, 2003

5. FEI Number: 20-0995495 ☐ 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: Robert Longwell

Street Address (P.O. Box Number is Not Acceptable): 6557 Garden Road

Suite, Apt. #, Etc.: APT # 2

City: Riviera Beach, State: FL Zip Code: 33404

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: Bob Longwell Date: 07/03/06
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, VP	Dana Martin	P.O. Box 9455	Riviera Beach, FL 33419

100077403797
07/12/06--01065--024 **450.00

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: _____ 07/03/06 (561)8634040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Restorations by Nefco

07/03/06

To whom it may concern,

Please waive any late fees as we did not receive any notices for the year 2004

We have enclosed a check for $450.00 (3 years @ 150.00 each)

Please reference Document # P04000002124

Thank You.

Sincerely,

Bob Longwell

6557 Garden Road • Riviera Beach, FL 33404