

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # PO4000090636

1. Corporation Name

NIAC INC.

2. Principal Office Address - No P.O. Box #

4809 E Busch Blvd

Suite, Apt. #, etc.

Suite 202-8

City & State

Tampa, FL

Zip

33617

Country

USA

3. Mailing Office Address

4809 E Busch Blvd

Suite, Apt. #, etc.

Ste 202-8

City & State

Tampa, FL

Zip

33617

Country

USA

7. Name and Address of Current Registered Agent

Name

New Age Marketing Solutions, Inc.

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

4809 East Busch Blvd.

Suite, Apt. #, Etc.

Ste 202-6

City

Tampa

State

FL

Zip Code

33617

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

REGISTERED AGENT MUST SIGN

Date 09/12/08

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
PVP	Cain, Jayson	22441 NE WE Farms Road	Hosford, FL 32334
ST	Cain, Christy	22441 NE WE Farms Road	Hosford, FL 32334
D	Mautner, Todd	19239 N. Dale Mabry Hwy. #114	Lutz, FL 33548

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:

Todd Mautner

09/12/08

813-985-2733

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

08 OCT -1 AM 11:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

CR2E081 (12/07)

06-08

4. Date Incorporated or Qualified
To Do Business in Florida

6/11/2004

5. FEI Number

☒

Applied For

☐

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☒ 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.

100136821991
10/10/08--01044--002 **300.00

10/10/08--01044--001 **300.00
700136821937
10/10/08--01044--001 **300.00