

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 DEC 24 PM 4:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000140182

1. Corporation Name

NYLORAC ENTERPRISES INC.

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

7451 Radiant Circle

Suite, Apt. #, etc.

City & State

Orlando

Zip

Florida

Country

USA

3. Mailing Office Address

PO Box 608355

Suite, Apt. #, etc.

City & State

Orlando Florida

Zip

32860

Country

USA

200163365602
12/07/09--01016--012 **158.75

REINSTATEMENT 08-09

4. Date Incorporated or Qualified
To Do Business in Florida

10.13.05

5. FEI Number
550906268

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$2.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Carolyn D. Gales

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

7392 High Lake Drive

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32818

☒ 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

Carolyn D. Gales
REGISTERED AGENT MUST SIGN

Date 12/02/2009

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/D	Carolyn D. Gales	7392 High Lake Drive	Orlando, Florida, 32818
T	Renard Gales	7392 High Lake Drive	Orlando, Florida, 32818
S/M	Orvell L. Kemp Jr.	7451 Radiant Circle	Orlando, Florida, 32810
			200163365602
			12/24/09--01033--012 **150.00

10. E-mail Address: carolyndentsekemp@msn.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:

Carolyn D. Gales *Carolyn D. Gales*

12/02/09

407-709-0578

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #