2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000009530

1. Entity Name
NOK, INC.

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FILED
2008 NOV -4 AM 9:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10/27/2008 REINSTATEMENT CR2E098 (1/07)

Principal Place of Business	Mailing Address
5414 MAIN ST NEW PORT RICHEY, FL 34652 US	16114 RAVENDALE DR. TAMPA, FL 33618 US

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number: 20-4167166 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

~~HETZEL, TARA~~
634 GREEN VALLEY RD
PALM HARBOR, FL 34683

7. Name and Address of New Registered Agent

Name: Tara Still
Street Address (P.O. Box Number is Not Acceptable)
City: FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: T Still — 10/27/08
Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required when reinstating) — DATE

FILE NOW!!! FEE IS $150.00
After January 1, 2009, Fee will be $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PDST WORAMALEE, BENCHAMAS 16114 RAVENDALE DR TAMPA, FL 33618	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	900137601389 11/04/08--01008--017 **150.00	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 110, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X Benchamas Woramalee — 10/27/08 — (727) 815-8600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

B. Mitchell NOV 4 2008