Florida Department of State

Division of Corporations

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To:

Division of Corporations
Fax Number : (850)617-6384

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

CORPORATION REINSTATEMENT

NICOLE TAPLIN, P.A.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$900.00

FEB 24 2014

R. HUNT

[redacted]2014 16:47 (FAX) P.002/002

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CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

14 FEB 24 AM 7:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000034775

1. Corporation Name

NICOLE TAPLIN, P.A.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
20801 Biscayne Blvd.	20801 Biscayne Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Suite 403	Suite 403
City & State	City & State
Aventura, Florida	Aventura, Florida
Zip / Country	Zip / Country
33180 / USA	33180 / USA

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida: 3/8/2006

5. FEI Number: 68-0624214 (Applied For / Not Applicable)

6. CERTIFICATE OF STATUS DESIRED $8.75 Additional is required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: NRAI Services, Inc.

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Rd.

Suite, Apt. #, Etc.:

City: Plantation | State: FL | Zip Code: 33324

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: Michele Holden Michele Holden, Asst Sect Date: 02/24/14

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
DPST	Nicole E. Taplin	20801 Biscayne Blvd., Ste. 403	Aventura, FL 33180
	REINSTATEMENT FEB 24 2014		
		R. HUNT	

10. E-mail Address: nicole@taplinpa.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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Nicole Taplin Nicole Taplin 2/24/2014 201-853-2414
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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