2009 FOR PROFIT CORPORATION REINSTATEMENT

KEINSTATEMENT						-11 5	n		
DOCUMENT # P06000037939					à -	FILED			
1. Entity Name NIAN FINANCING CORP.						- 100 28 PM 12: 41			
					7	SORETARY ( BUAHASSEE	OF STATE		
Principal Plac	e of Business	Mailing Address	Mailing Address			AHASSE	FLORIUA		
6020 RADIO RD		6020 RADIO RD			1,	(Rr.			
NAPLES, FL 34104 US NAPLES, FL 34104 US			US				, 	110 1611961 N 1691	
Principal Place of Business - No P.O. Box # 3. Mailing Address									
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		04152009	REIN-P	CR2E098 (1/0	07)		
City & State		City & State		4. FEI Numi 20-44			Applied For Not Applicable		
Zip	Country	Zip	Count	try	5. Certificat	e of Status Desired	□ \$8.75 Fee Req	Additional juired	
	6. Name and Address of Current	Registered Agent		Ness	7. Name an	d Address of New F	Registered Agent		
BROWN, ANTONIO				Name SPL INCOME TAX CORP					
6020 RADIO RD NAPLES, FL 34104				Street Address (P.O. Box Number is Not Acceptable)					
1711 225, 12 54154				60	06 pc	adio Na	<u>t</u>		
				City NAPLES FL Zip Coga 34/04					
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.									
Jenando 4/23/09									
SIGNATURE Signature typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating)  DATE									
FILE NOWIII FEE IS \$300.00 In accordance with s. 607.193(2)(b) corporation did not receive the prior							(b), F.S., the ior notice.		
10.	OFFICERS AND DIRECTORS 11.				ADDITIONS	CHANGES TO OFF	FICERS AND DIRECT	ORS IN 11	
TITLE NAME	P BROWN, ANTONIO	☐ Delete 117:					☐ Chan	nge 🔲 Addition	
STREET ADDRESS	6020 RADIO RD	0 RADIO RD ST		ET ADDRESS					
CITY-ST-ZIP	NAPLES, FL 34104			-ST-ZIP			☐ Chan	nge 🔲 Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

BIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

#/23/09 239-530-876

DO