

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 707000122025

1. Corporation Name

Nubrella Inc.

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

7589 Playa Reinta Way

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Delray Beach

City & State

FL.

Zip

33446

Country

Zip

Country

7. Name and Address of Current Registered Agent

Name

Alan Kaufman

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

7589 Playa Reinta Way

Suite, Apt. #, Etc.

City

Delray Beach

State

FL

Zip Code

33446

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 2/5/2010

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
Pres.	<u>Alan Kaufman</u>	<u>7589 Playa Reinta Way</u>	<u>Delray Beach, FL 33446</u>

**M. MILLIGAN
EXAMINER**

FEB 23 2010

10. E-mail Address:

info@nubrella.com

(To be used for future annual report notification)

11. I certify that I am an officer or director of 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/5/2010 617-909-5554

Daytime Phone #

FILED

10 FEB 22 PM 4:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

02/23/10--01020--009 **1058.75

CR2E081 (11/09)

4. Date Incorporated or Qualified
To Do Business in Florida

11/8/2007

5. FEI Number

26-1425090

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.