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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

14 OCT 21 PM 4:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (11/10)

DOCUMENT # P13000090480

1. Corporation Name

LISA NEVELS, PA

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
601 SE 45th Terrace		601 SE 45th Terrace	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Ocala, FL		Ocala, FL	
Zip	Country	Zip	Country
34471	US	34471	US

4. Date Incorporated or Qualified To Do Business in Florida: 11/05/2013

5. FEI Number: Applied For / Not Applicable

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

7. Name and Address of Current Registered Agent

Name: CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable): 1201 HAYS STREET

Suite, Apt. #, Etc.:

City: TALLAHASSEE | State: FL | Zip Code: 32301

800265686938

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: Cindy Leski Date: 10-14-14

REGISTERED AGENT MUST SIGN Cindy Leski, Asst. Vice President

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	Lisa Nevels	601 SE 45th Terrace	Ocala, FL 34471

10. E-mail Address: lisanevels@yahoo.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: Lisa Nevels — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 10-14-14 — Daytime Phone #: 352.812-4563

RE 10/21/14

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CSC.

CORPORATION SERVICE COMPANY

FILED

14 OCT 21 PM 4:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ACCOUNT NO. : I20000000195

REFERENCE : 333098 7963654

AUTHORIZATION :

COST LIMIT : $ 750.00

ORDER DATE : October 10, 2014

ORDER TIME : 2:33 PM

ORDER NO. : 333098-010

CUSTOMER NO: 7963654

DOMESTIC FILINGS

RECEIVED
DEPARTMENT OF STATE
14 OCT 21 PM 4:32

NAME: LISA NEVELS, PA

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - Ext# 62935

EXAMINER'S INITIALS _____