

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**FILED**

16 DEC 27 AM 8:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

500293657025

CR28081 (11/10)

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # *P14 000 102 339*

1. Corporation Name  
NA Sales, Inc.

2. Principal Office Address - No P.O. Box # 2523 Hulett Court		3. Mailing Office Address 2523 Hulett Court	
Suite, Apt. #, etc. Faribault, MN 55102		Suite, Apt. #, etc. Faribault, MN 55102	
City & State		City & State	
Zip	Country USA	Zip	Country USA

4. Date Incorporated or Qualified To Do Business in Florida  
12/29/2014

5. FEI Number  
20-1992976

Applied For	Not Applicable
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6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name  
Kenneth R. Johnson

Street Address (P.O. Box Number is Not Acceptable)  
1040 Seminole Drive #754

Suite, Apt. #, Etc.

City  
Fort Lauderdale

State  
FL

Zip Code  
33304

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 *Kenneth R. Johnson* Date *12/27/16*

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
	Kenneth R. Johnson	2523 Hulett Court	Faribault, MN 55102
	President, Treasurer, Secretary		

10. E-mail Address: *ken@nasalesinc.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 in 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.817.156, F.S.

SIGNATURE: *Kenneth R. Johnson* Date *12/27/16* 612-919-0061 Daytime Phone

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*RE 12/28/16*