

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 NOV 23 PM 4:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P23345

1. Corporation Name

NASCO, INC., A DELAWARE CORPORATION

Principal Place of Business

Mailing Address

2100 OLD HWY 8
NEW BRIGHTON MN 55112
US

2100 OLD HWY 8
NEW BRIGHTON MN 55112
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/09/1989

5. FEI Number

41-1633385

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	LOOS, CRAIG	8813 HILLSWICK TRAIL	BROOKLYN PARK MN
ST	HAMILTON, DAVID	5120 GROGAS AVE	EDINA MN
D	UNIDARE, PIC	RICHVIEW OFFICE PARK, CLONSKEAGH	DUBLIN 14 IR
D	UNIDARE, PIC	RICHVIEW OFFICE PARK, CLONSKEAGH	DUBLIN 14 IR

REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET

TALLAHASSEE FL 32301

Name

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

Suite, Apt. #, Etc.

City

***750

State

FL

***150.00

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Karen B. Rozar

REGISTERED AGENT MUST SIGN

REQUIRED
Karen B. Rozar, As Its Agent

Date

11/23/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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 filling 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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-16-98

Date

612-780-2000

Daytime Phone #

CR2E040 (9/99)