PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 FEB -7 AM 10:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000001681

1. Corporation Name
NIMNICHT CADILLAC CO. INC.

REINSTATEMENT 00-02

2. Principal Office Address	3. Mailing Office Address
7999 BLANDING BLVD	7999 BLANDING BLVD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: JACKSONVILLE FL	City & State: JACKSONVILLE, FL
Zip: 32244 Country: DUVAL	Zip: 32244 Country: DUVAL

4. Date Incorporated or Qualified To Do Business in Florida: 02/03/93

5. FEI Number: 59-3150881 ☐ 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

100000493207-5
-02/18/02--01005--014
***1050.00 ***1050.00

Name: E.A. NIMNICHT II

Street Address (P.O. Box Number is Not Acceptable): 7999 BLANDING BLVD

Suite, Apt. #, Etc.:

LS

City: JACKSONVILLE State: FL Zip Code: 32244

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: _____ Date: 02/04/02
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
PRES	E. A. NIMNICHT, II	7999 BLANDING BLVD	JACKSONVILLE, FL 32244
SECTY	PAYRICIA S. NIMNICHT	6148 SAN JOSE BLVD	JACKSONVILLE, FL 32217

10. 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., 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.

E. A. NIMNICHT II, President

SIGNATURE: _____ 02/04/02 904-778-7700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #