

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 APR 16 PM 3:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #P930000021215

1. Corporation Name

NU LUSTER, INC.

Principal Place of Business

Mailing Address

3100 BOCA RATON BLVD.
SUITE 405
BOCA RATON, FLA

3395 BAY 4
NORTH DIXIE HWY
BOCA RATON, FLA 33431

REINSTATEMENT

96-98

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

4. Date Incorporated or Qualified
To Do Business in Florida

4/21/93

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

65-0404382

Not Applicable

Zip

Country

Zip

Country

33431 PALM BEACH

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 | DAVID A. MCSOLEY SR | 7617 WEST COURTYARD RUN | BOCA RATON FLA 33433 |
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***1358.75 ***1358.75

4/15/98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

| | |
|--|---|
| | Name DAVID A MCSOLEY SR Street Address (P.O. Box Number is Not Acceptable) 7617 W. COURTYARD RUN Suite, Apt. #, Etc. BOCA RATON, FLA 33433 City State FL Zip Code |
|--|---|

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

David A. McSoley SR
REGISTERED AGENT MUST SIGN

Date 4/15/98

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 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.

SIGNATURE: DAVID A MCSOLEY SR
David A. McSoley SR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/98 (561) 392-7423
Date Daytime Phone #

CR2040 (1-98)