

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Glenda E. Hood Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P93000029215**

1. Corporation Name

NU LUSTER INC.

Principal Place of Business

3100 NW BOCA RATON BLVD
SUITE 405
BOCA RATON FL 33481

Mailing Address

3100 NW BOCA RATON BLVD
BOCA RATON FL 33481

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

04/21/1993

5. FEI Number

65-0404382

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$5.75 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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	MCSOLEY, DAVID A SR.	7817 WEST COURTYARD RUN	BOCA RATON FL 33483

900023863259

10/13/03-01085-021-***150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MCSOLEY, DAVID A SR
7817 W. COURTYARD RUN
BOCA RATON FL 33483

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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. or 617.0505, F.S.

Signature of
Registered Agent

David A McSoley Sr
REGISTERED AGENT MUST SIGN

Date

10/13/03

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., 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/13/03

Daytime Phone #

October 13, 2003

Fla. Dept. of State
Secretary of State
PO Box 6327
Tallahassee, FL 32314

Dear Secretary:

Per the guidance of one of your Reinstatement Agents, I am writing this letter to document the reason for my late filing.

My previous CPA was primarily responsible for filing the proper paper work for my new company. Since my incorporation, I have had several problems with my previous CPA and have transferred my business activities to a new CPA. He has informed me that my articles of incorporation have been dissolved due to the fact that my annual report was not filed. I never received the annual report and/or my CPA did not provide me with the proper guidance to ~~complete the report and timely file the report.~~ Additionally, ~~my wife has been experiencing~~ sever health problems this year and has contributed to my tardiness. Please accept my apology and use this information to reinstate my articles of incorporation for 2003. I have included a check for \$150.00 for 2003 period.

If you have any questions please call me at (561) 392-7423. Thank you for your anticipated cooperation regarding this matter.

Sincerely,

David McSoley, President
NuLuster Metal Polishing, Inc. (P93000029215)
3100 NW Boca Raton Blvd
Boca Raton, FL 33431