

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 APR 17 PM 12:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



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

DOCUMENT #

P93000030409

1. Corporation Name

NCH, Inc.

2. Principal Office Address

630 Park Forest Ct

Suite, Apt. #, etc.

City & State

Apopka, FL

Zip

32703

Country

USA

3. Mailing Office Address

630 Park Forest Ct

Suite, Apt. #, etc.

City & State

Apopka, FL

Zip

32703

Country

USA

REINSTATEMENT 01-02

**4. Date Incorporated or Qualified
To Do Business in Florida**

April 23, 1993

5. FEI Number

59-3268843

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

Name

Ronald J. Pruitt

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

630 Park Forest Ct

Suite, Apt. #, Etc.

City

Apopka

State

FL

Zip Code

32703

100005393891--5

-04/30/02--01065--024

****308.75 ****308.75

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

Ronald J. Pruitt

REGISTERED AGENT MUST SIGN

Date 4-4-2002

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
P	Nancy C. Harrington	630 Park Forest Ct	Apopka, FL 32703
V	Ronald J. Pruitt	630 Park Forest Ct	Apopka, FL 32703

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nancy C. Harrington

4-4-2002

Date

407-661-3924

Daytime Phone #

CP2E081 (9/01)

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000030409

1. Entity Name

NCH, Inc.

Principal Place of Business

630 Park Forest Ct.
Apopka, FL 32703-1970

Mailing Address

630 Park Forest Ct
Apopka, FL 32703-1970

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3268843

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Horvath, Daniel R.
8680 Scenic Hwy #7
Pensacola, FL 32501

7. Name and Address of New Registered Agent

Name

Ronald J. Pruitt

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

630 Park Forest Ct

City

Apopka

FL

Zip Code

32703-1970

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Ronald J. Pruitt

Ronald J. Pruitt

6/30/01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001, Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

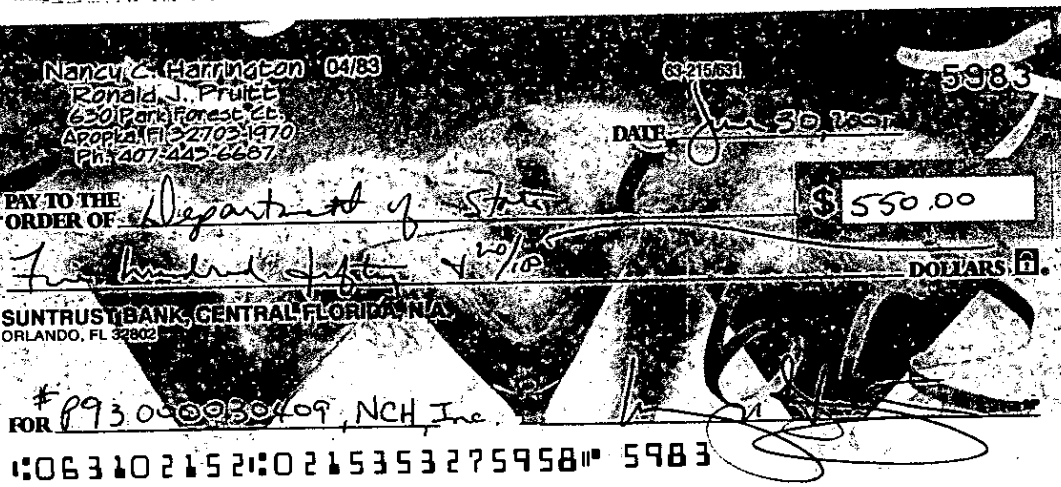
\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME P ☐ Delete
STREET ADDRESS Nancy C. Harrington
CITY-ST-ZIP 630 Park Forest Ct
Apopka, FL 32703 ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME V ☐ Change ☒ Addition
STREET ADDRESS Ronald J. Pruitt
CITY-ST-ZIP 630 Park Forest Ct
Apopka, FL 32703-1970 ☐ Change ☐ Addition



13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Nancy C. Harrington

6/30/01

407-661-3924

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2000 UNIFORM BUSINESS REPORT (UBR)

0000378

DOCUMENT # P93000030409

1. Entity Name

NCH, INC.

Principal Place of Business

Mailing Address

343 NEW WATERFORD PL
LONGWOOD FL 32779

343 NEW WATERFORD PL
LONGWOOD FL 32779-5661

2. Principal Place of Business

630 Park Forest Ct.

3. Mailing Address

630 Park Forest Ct.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Apopka, FL

City & State

Apopka, FL

Zip

32703-1970

Country

USA

Zip

32703-1970

Country

USA

4. FEI Number

59-3268843

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HORVATH, DANIEL R
8680 SCENIC HWY #7
PENSACOLA FL 32501

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
HARRINGTON, NANCY C
343 NEW WATERFORD PLACE
LONGWOOD FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
630 Park Forest Ct.
Apopka, FL 32703-1970

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE REQUIRED

©1998 Jeanne Corley / The Ferral Company

CR2E034 (9/99)



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

March 12, 2001

HARON ENTERPRISES
630 PARK FOREST COURT
APOPKA, FL 32703-1970

Subject: **HARON ENTERPRISES**

REGISTRATION NUMBER: **G01068900062**

This will acknowledge the filing of the above fictitious name registration which was registered on March 12, 2001. This registration gives no rights to ownership of the name.

Each fictitious name registration must be renewed every five years between January 1 and December 31 of the expiration year to maintain registration. Three months prior to the expiration date a statement of renewal will be mailed.

IT IS THE RESPONSIBILITY OF THE BUSINESS TO NOTIFY THIS OFFICE IN WRITING IF THEIR MAILING ADDRESS CHANGES. Whenever corresponding please provide assigned Registration Number.

Enclosed is your certificate(s) as requested.

Should you have any questions regarding this matter you may contact our office at (850) 488-9000.

/fv

Division of Corporations

Letter No. 101A00015008

State of Florida



Department of State

I certify that the attached is a true and correct copy of the Application For Registration of Fictitious Name of HARON ENTERPRISES, registered with the Department of State on March 12, 2001, as shown by the records of this office.

The Registration Number of this Fictitious Name is G01068900062.

Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this the
Twelfth day of March, 2001



CR2EO22 (1-99)

Katherine Harris

Katherine Harris
Secretary of State

APPLICATION FOR REGISTRATION OF FICTITIOUS NAME

Note: Acknowledgements/certificates will be sent to the address in Section 1 only.

1. Haron Enterprises
Fictitious Name to be Registered (see instructions if name includes "Corp" or "Inc")
- 630 Park Forest Ct
Mailing Address of Business
- Apopka FL 32703-1970
City State Zip Code
3. Florida County of principal place of business: Seminole
(see instructions if more than one county)
4. FEI Number: 593268843

CU1008300062
-03/08/01--01037--020
***80.00

This space for office use only

A. Owner(s) of Fictitious Name If Individual(s): (Use an attachment if necessary):

1. Last First M.I.
Address
City State Zip Code
SS# - - (not mandatory)
2. Last First M.I.
Address
City State Zip Code
SS# - - (not mandatory)

B. Owner(s) of Fictitious Name If other than an individual: (Use attachment if necessary):

1. NCH Inc.
Entity Name
630 Park Forest Ct
Address
Apopka FL 32703-1970
City State Zip Code
Florida Registration Number P93000030409
FEI Number: 593268843
☐ Applied for ☐ Not Applicable
2. Entity Name
Address
City State Zip Code
Florida Registration Number
FEI Number:
☐ Applied for ☐ Not Applicable

I (we) the undersigned, being the sole (all the) party(ies) owning interest in the above fictitious name, certify that the information indicated on this form is true and accurate. In accordance with Section 865.09, F.S., I (we) further certify that the fictitious name shown in Section 1 of this form has been advertised at least once in a newspaper as defined in chapter 50, Florida Statutes, in the county where the applicant's principal place of business is located. I (we) understand that the signature(s) below shall have the same legal effect as if made under oath. (At Least One Signature Required)

[Signature] 3/3/01
Signature of Owner Date

Phone Number: (407) 445-6687

Signature of Owner Date

Phone Number:

FOR CANCELLATION COMPLETE SECTION 4 ONLY:

FOR FICTITIOUS NAME OR OWNERSHIP CHANGE COMPLETE SECTIONS 1 THROUGH 4:

I (we) the undersigned, hereby cancel the fictitious name _____
_____, which was registered on _____ and was assigned
registration number _____

Signature of Owner Date

Signature of Owner Date

Mark the applicable boxes

☒ Certificate of Status — \$10

☒ Certified Copy — \$30

FILING FEE: \$50

CR4E001 (9/00)

FV
3/12/01

NCH, Inc.

April 11, 2002

Department of State
Division of Corporations
409 East Gaines St.
Tallahassee, FL 32399

Re: Corporation Reinstatement for Document #P93000030409

Dear Sir or Madam:

In accordance with the instructions I received on April 5th by telephone from your office, enclosed please find a Corporate Reinstatement document, a check for \$308.75 (includes \$8.75 for a Certificate of Status), a copy of the UBR filed for 2001 dated June 30, 2001, and a copy of the UBR filed for 2000 dated April 28, 2000.

In December 1999, NCH, Inc. changed its principal place of business and mailing address. The UBR for 2000 reflected that change of address. In late April 2001, I realized that I had not received my 2001 UBR so I contacted your office and had a form mailed to me. I received the form in late May and subsequently filed the already late UBR (see attached 2001 UBR). Please note that the Registered Agent was changed to Ronald J. Pruitt in the 2001 UBR.

Effective March 12, 2001, we received a Registration of Fictitious Name of Haron Enterprises for NCH, Inc. Please see attached copies.

When preparing my 2001 corporate return for the IRS I realized that the check I had submitted with my UBR had not been negotiated. Upon calling your office, I learned that my 2001 UBR had not been processed and that NCH, Inc. had been dissolved.

While I fail to understand how this situation could have occurred, please accept this letter of explanation and request for reinstatement.

I would appreciate your assistance in getting this situation resolved as quickly as possible. If you have any further questions or require clarification, please do not hesitate to contact me at (321) 217-2668.

Respectfully,


Nancy C. Harrington
President

630 Park Forest Ct.
Apopka, FL 32703-1970
Tel & Fax: (407) 521-7392