PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P93000030409

1. Corporation Name

NCH, Inc.

02 APR 17 PM 12: 56

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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2. Principal Office Address		3. Mailing Office Add	Iress	T HEIN	STATER		01-02	
630 Park Forest Ct		630 Park F	orest Ct		. -	12	ne and the same an	
Suite, Apt. #, etc.		Suite, Apt. #, etc.						
						orated or Qualified iness in Florida	Anni 1	23, 1993
City & State	9		City & State		F 550.11		Aprii	1
	Apopka,	FL	Apopka, FL					Applied For Not Applicable
Zip		Country	Zip	Country	<u>59-3</u>	268843	00.75	, , ,
	32703	USA	32703	USA	CERTIFICATE	OF STATUS DESIRED		tional Fee required tificate of Status
			7. Name and	d Address of Current Reg	istered Agent			
	Name		*					
		Ronald J. Pru:	itt					
	Street Add	dress (P.O. Box Number is N	lot Acceptable)		1 !	000053	9389	114-5
		630 Park Fores	st Ct			<u>-04/30/0</u>	020106	5==024
	Suite, Apt. #, Etc.		٠			000053 -04/3 <u>0/</u> 0 ****308	3.75 ***	×308.75
	City					State Zip Code		
		Apopka	_			FL 3270	3	
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_	··· < -	e registered agent of the abo	overnamed corporation, an	m ramiliar with and accept i	ne obligations of sections	01.000 01 0 17.00	.03, F.S.	
Signature of Registered		alor 1	suit			Date 4-4	-200	· 2
riegistered	Agent) R	EGISTERED AGENT MU	ST SIGN	-	Date		
9. Names	and Street A	ddresses of Each Officer an	d/or Director (Florida non	profit corporations must list	at least 3 directors)			· _
Titles'		Name of Officers and/or Directors	3	Street Address of Officer and/or Dir		С	ity / State / Zip	
P	Nancy	C, Harrington	630	Park Forest C	t	Apopka, F	L 32703	
Ň	,		630	Park Forest C	t	Apopka, F	L 32703	1

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 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:

Many C Harring to-

2001 UNIFORM	DOSINESS H					
DOCUMENT # P93000	0030409					
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Principal Place of Business		<u> </u>				
	Mailing Addres		,			
630 Park Forest Ci Apopka, FL 32703-		k Forest Ct FL 32703-19	70			
Apopka, FL 32703-	-1970 Арорка,	FE 3270319	, 0			
		,				
2. Principal Place of Business	3. Mailing Addr	ess				
Suite, Apt. #, etc.	Suite, Apt. #,	etc.		DO NOT WRITE IN TH	HIS SPACE	
0: 40:	:					
City & State	City & State		4. FEI Numi		⊢	plied For
Zip Country	Zip	Country	ļ	-3268843	\$8.75 Add	it Applicable
				e of Status Desired	Fee Require	
6. Name and Address of	f Current Registered Agent	Nar		d Address of New Register	red Agent	
Horvath, Daniel R			Ronald J. 1			
8680 Scenic Hwy #		Stre	et Address (P.O. Box Numb 630 Park Fo	per is Not Acceptable) Orest Ct		
Pensacola, FL 32	201					
		City			FL 39503	-1970
•			Apopka		32703	-1970
8. The above named entity submits thresta	tement for the nurnose of ch	anaina ite raaietarad offi	<u></u>	ath is the Ctata of Clerida		
8. The above named entity submits this sta	atement for the purpose of ch	anging its registered offic	<u></u>	oth, in the State of Florida.		
2-10 P	atement for the purpose of ch	anging its registered office	<u></u>	oth, in the State of Florida.	oloi	
8. The above named entity submits tyris-sta	atement for the purpose of ch	anging its registered office the second of t	ce or registered agent, or bo	oth, in the State of Florida.	D 01	
SIGNATURE Signature, typed or photed name of regions. 9. This corporation is eligible to satisfy its	stered agent and little if applicable.	Kondd J (NOTE: Registered Agent	ce or registered agent, or both the signature required when reinstating)	6/3c) O)	0 May Ba
SIGNATURE Signature, typed or photed name of regi	stered agent and little if applicable. Intangible 50. After N	(NOTE: Registered Agent E: NOW!!! FEE: IS \$	ce or registered agent, or both the signature required when reinstating) 50.00 10. E	oth, in the State of Florida. 6 3c DA' DECTION Campaign Financing ust Fund Contribution.		0 May Be to Fees
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SIGNATURE: Nancy C Harring 680 01 407-661-3924

2000	UNIFORM	BUSINESS	REPORT	(UBR)
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DOCU 1. Entity Na NCH, II	ime	# P93000	030409								•
Principal Blo	ace of Business										
	TERFORD PL		Mailing Address							-	
LONGWOOD			343 NEW WATERFORD PL LONGWOOD FL 32779-5661	1 .	i						
2. Principal	Place of Busine	SS	3. Mailing Address								
630 f Suite, Apr		est Ct.	630 Park F Suite, Apt. #, etc.	ovest Ct	·		DO NOT WRITE I	*** ***** *****	4 1 11 11 11 11 11 11 11 11 11 11 11 11 1		
City & Sta			Çity & State		4. FEI	Number	E0-200042		I IA	oplied For	1
Zip	olca, FL	Country		L			59-3268843			ot Applicable	1
32703-	1970	Country	Zip' 32703~1970	Country USA	5. Cer	tificate of St	atus Desired		8.75 Addes Require		
	6. Name a	nd Address of Current			7. Nan	ne and Add	ress of New Regi			· · · · · · · · · · · · · · · · · · ·	1
UO!	DAVATO DANIE	1 h	į	Name							
868	RVATH, DANIE 10 SCENIC HW	ſY # 7		Street /	Address (P.O. Box	Number is N	lot Acceptable)				
PEN	NSACOLA FL :	32501	•					***			
				City			······	FL	Zip Cod	e	
8. The above	e named entity s	submits this statement fo	r the purpose of changing its	registered office of	r registered agent.	or both, in	the State of Florida	a.			1
1.02	r. A.				•						
Ne								í			
N SIGNATURE		orinted name of registered agent a			ture required when reinsta			DATE		· · · · · ·	
SIGNATURE 9. This corp Tax filing	Signature, typed or poration is eligible		and title 4 applicable (NOTE	E: Registered Agent signa	ture required when reinsta	uting)	Campaign Finance	DATE		O May Be	
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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 turther 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: A SUPPLIED PROMISED NACO CONTROL OF THE PROMISED OF

14-0 44- 44- 20



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.

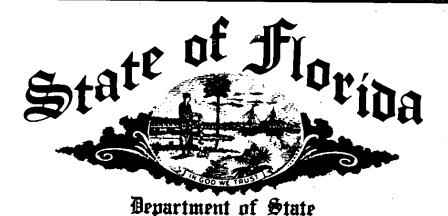
Enclosed is your certificate(s) as requested.

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

/fv

Division of Corporations

Letter No. 101A00015008



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

1. Haron Enterprises			7 ° .
Fictitious Name to be Registered (see instructions if name includes "Corp"	" or "inc") ,		. •
630 Park Forest Ct			
Mailing Address of Business			
City State Zin Cod	3-1970 10		4
3. Florida County of principal place of business: Semire		والمركز والمرابط والمرابط	and the second second
		GU10669 -03/08/010	
(see instructions if more than one county)		***80.00	
l. FEI Number: <u>593268843</u>		This space for a	ffice use only
O		This space for o	
A. Owner(s) of Fictitious Name If Individual(s): (Use an		if necessary):	•
Last First M.I.	2. <u>Last</u>	First	M.I.
· ·			WI.I.
Address	Address	3	
City State Zip Code	City	State	Zip Code
SS# (not mandatory)	SS#		(not mandatory)
Owner(s) of Fictitious Name If other than an individu	ıal: (Use atta	chment if necessary):	,,
NCH Inc.	2.	· · · · · · · · · · · · · · · · · · ·	
Entity Name	Entity N	ame	
630 Park Forgt et	Address	_/	
Apopka FL 32703-1970 City State Zip Code	Address		
	City	State	Zip Code
Florida Registration Number <u>P9300030</u> 409	Floric	la Registration Number	
FEI Number: 593268843	FEIN	lumber:	
☐ Applied for ☐ Not Applicable		☐ Applied for ☐ N	ot Applicable
we) the undersigned, being the sole (all the) party(ies) owning interest in the true and accurate. In accordance with Section 865.09, F.S., I (we) further vertised at least once in a newspaper as defined in chapter 50, Florida Stocated. I (we) understand that the signature(s) below shall have the same	certify that the f	ictitious name shown in Section	1 of this form has been
Signature of Owner Date	Signature	of Owner	
none Number: (407) 445-6687	·		Date
- (401) 113 · 001	Phone Num	ider:	
R CANCELLATION COMPLETE SECTION 4 ONLY:			
R FICTITIOUS NAME OR OWNERSHIP CHANGE COM	IPLETE SEC	TIONS 1 THROUGH 4:	
we) the undersigned, hereby cancel the fictitious	s name		
, which was registered	,		
	~ VII	and \	was assigned
gistration number			
Signature of Owner Date			

Mark the applicable boxes

Certificate of Status — \$10
FILING FEE: \$50

Certified Copy — \$30

HCH, 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