

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 OCT 30 AM 10:27

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

P93000032202

1. Corporation Name

Noslo, Inc.

200004662892--9

-11/01/01--01055--001

\*\*\*1350.00 \*\*\*1350.00

2. Principal Office Address

2282 SE Federal Hwy

Suite, Apt. #, etc.

City & State

Stuart, Florida

Zip

34994

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

4-29-1993

5. FEI Number

59-2205674

Applicable or

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

Eric Olson

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

2282 SE Federal Hwy

Suite, Apt. #, Etc.

City

Stuart

State

FL

Zip Code

34994

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

Eric Olson

Date 10-29-01

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
PD	Eric Olson	2282 SE Federal Hwy	Stuart, FL 34994
V	John Stiburek	2282 SE Federal Hwy	Stuart, FL 34994

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

Eric Olson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-29-01

Date

(54)223-5429

Daytime Phone #

CR2001 (8/01)