

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

05 APR 11 PM 1:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000032202**

1. Corporation Name

Noslo, Inc.

2. Principal Office Address

2290 SE Federal Hwy
Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Stuart, FL

City & State

Zip

34994

Country

USA

Zip

Country

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

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

300051194893
04/19/05--01021--003 **450.00

7. Name and Address of Current Registered Agent

Name

Eric Olson

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

2290 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

Date

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
P	<i>Olson, Eric</i>	<i>2290 SE Federal Hwy</i>	<i>Stuart, FL 34994</i>
VP	<i>Giburek, John</i>	<i>2290 SE Federal Hwy</i>	<i>Stuart, FL 34994</i>

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

Date

Daytime Phone #

CR2E081 (01/05)

April 4th, 2005

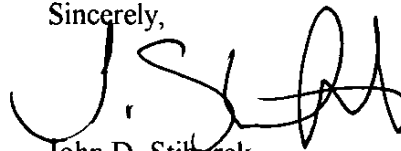
Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: Noslo, Inc.
Document Number: P93000032202
FEIN Number: 59-3205674

Dear Sir or Madam:

Enclosed you will find the reinstatement form for our corporation. We were completely unaware that our corporation had lapsed in the eyes of the State. To our knowledge, we had never received the form in the mail this year. If you will notice the according to the State's Web site the address you had on file was incorrect. You show the address of our company at 2282 SE Federal Hwy and our address is 2290 SE Federal Highway. Until our bank had brought this oversight to our attention we had no idea that this had not been filed. We had no intention of allowing this to happen. We would request that you in light of this situation that you would re-instate Noslo, Inc. as quickly as possible without penalty. We have enclosed a check in the amount of \$450.00 for the annual fees for the years 2003, 2004 & 2005. Thank you for your time and attention in this matter.

Sincerely,



John D. Stiburek