

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT 1996

MOB
11-8-96

FILED
96 NOV -7 AM 9
TALLAHASSEE, FLA

DOCUMENT # P93000088345

1. Corporation Name

THE NOKLEY GROUP, INC.

Principal Place of Business

Mailing Address

6105 MEMORIAL HWY
STE F
TAMPA FL 33615
US

6105 MEMORIAL HWY
STE F
TAMPA FL 33615
US

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

4. Date Incorporated or Qualified
To Do Business in Florida

12/20/1993

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

09-3211391

Applied For

Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	NOKLEY, ROBERT W SR.	1101 WESTWARD 12401 Bristol Commons Cir	STARKE FL Tampa, FL, 33626
VS	NOKLEY, KAREN Y	1101 WESTWARD 12401 Bristol Commons Cir	STARKE FL Tampa, FL, 33626
			700002004297--7 -11/14/96--01033--007 ****375.00 ****375.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CARTER, KETH M
ONE MACK CENTER STE 1207
501 E KENNEDY BLVD
TAMPA FL 33601

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.

Signature of
Registered Agent

REQUIRED
REGISTERED AGENT MUST SIGN

Date

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. 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:

REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

9/16/96
Date

813-886-4401
Daytime Phone