PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2018 JUN 18 PM 3:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000001807

1. Corporation Name

Neko, Inc American

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
912 Roberts Rd	912 Roberts Rd
Suite, Apt. #, etc.: unit 13	Suite, Apt. #, etc.: unit 13
City & State: Haines City, Fl	City & State: Haines City, Fl
Zip: 33884 Country: Polk	Zip: 33884 Country: polk

CR2E031 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida: 12/30/1993

5. FEI Number: 59-3236179 ☐ 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: Michael c. Sidwell

Street Address (P.O. Box Number is Not Acceptable): 5031 River Lake Rd

Suite, Apt. #, etc.:

City: Winter Haven State: FL Zip Code: 33884

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REINSTATEMENT
2018 - 2018 (a

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: 06/06/2018

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
PDS	Michael C Sidwell	5031 River Lake Rd	Winter Haven, Fl 33884
VP	Connie Sidwell	5031 River Lake Rd	Winter Haven, Fl 33884
VP	Neko Sidwell	609 Sweet Bay Circle	Winter Haven, Fl 33884
			JUN 18 2018
			I ALBRITTON

10. E-mail Address: Mike@GenesisPNT.com
(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath; I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: _____ 06/06/2018 8632879418
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #