

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P95000016509**

1. Corporation Name

N M L PIPES DIRECT, INC.

Principal Place of Business

Mailing Address

1157 RAINWOOD CIR
PALM BEACH GARDENS FL 33410

1157 RAINWOOD CIR
PALM BEACH GARDENS FL 33410

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

700 OLD DIXIE HIGHWAY

700 OLD DIXIE HIGHWAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 207

SUITE 207

City & State
LAKE PARK FL

City & State
LAKE PARK FL

Zip
33403

Zip
33403

4. Date Incorporated or Qualified
To Do Business in Florida

02/28/1995

5. FEI Number

65-0561157

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
D	MARSHA RHODES	700 OLD DIXIE HIGHWAY SUITE 207	LAKE PARK, FL 33403

7000002096307--3

-02/25/97--01039--003
******540.00 ****540.00**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LEVIN, NIKOS M
1157 RAINWOOD CIR
PALM BEACH GARDENS FL 33410

Name
MARSHA RHODES
Street Address (P.O. Box Number is Not Applicable)
700 OLD DIXIE HIGHWAY
Suite, Apt. #, Etc.
SUITE 207
City
LAKE PARK

State
FL

Zip Code
33403

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

2/19/97

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/19/97 561-791-9189

Daytime Phone #

CR20040 (7/96)