

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

97 AUG 14 PM 12:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000079143 (9)

1. Corporation Name

NLA CONSULTANTS, INC.

Principal Place of Business

Mailing Address

433 Plaza Real, #275  
Boca Raton, FL 33432

433 Plaza Real, #275  
Boca Raton, FL 33432

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

9/23/96

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

6S-0696823

Not Applicable

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED ☐

\$6.75 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
	Naomi Andron President	7529 Martinique Blvd.	Boca Raton, FL 33433
	Sue Andron Secretary TREASURER	7529 Martinique Blvd.	Boca Raton, FL 33433

100002269041--5  
-08/15/97--01112-020  
\*\*\*165.00 \*\*\*165.00

8-14-97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Naomi Andron  
7529 Martinique Blvd.  
Boca Raton, FL 33433  
Boca Raton, FL 33433

Name

Sue Andron

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

7529 Martinique Blvd.

Suite, Apt. #, Etc.

City

Boca Raton,

State

FL

Zip

33433

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

Sue Andron

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:

SUE ANDRON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sue Andron

7/22/97

Date

561-362-5285

Daytime Phone #

CR2E040 (12/96)

*NLA Consultants, Inc.*

433 Plaza Real, #275  
Boca Raton, Florida 33432  
561- 362 - 5285  
561- 362-5290 Fax

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(2)

July 22, 1997

Division of Corporations  
Annual Reports Section  
P. O. Box 1500  
Tallahassee, FL 32302-1500

RE: P96000079143 (9)

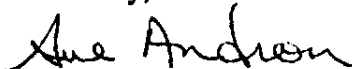
To Whom It May Concern:

This letter is in follow up to a conversation with your office. We did not receive the original packet for the 1997 PROFIT CORPORATION ANNUAL REPORT. We moved to our current location March 1, 1997 and apparently the mail go lost in the transfer.

Enclosed please find our check in the amount of \$165.00 as per my telephone conversation.

If you have any questions, please don't hesitate to call.

Sincerely,



Sue Andron  
Secretary/Treasurer

sm:sa