

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

00 FEB 25 PM 2:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P96000095858

**1. Corporation Name**

Nuovo Technologies, Inc.

**2. Principal Office Address**

1900 HWY 87

Suite, Apt. #, etc.

Suite 7

City & State

Navarre, FL

Zip

32566-1066

Country

USA

**3. Mailing Office Address**

PO Box 5927

Suite, Apt. #, etc.

City & State

Navarre, FL

Zip

32566-1066

Country

USA

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

11/25/1996

**5. FEI Number**

59-3419783

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

Patrick G. Rooney

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

1900 HWY 87

Suite, Apt. #, Etc.

Suite 7

City

Navarre

State

FL

Zip Code

32566-1066

**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

*Patrick G. Rooney*

Date

*Feb. 23, 2000*

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
DV	Larry D. Guillot	1900 HWY 87, Suite 7	Navarre, FL 32566-1066
JS	Douglas E. Rouse	1900 HWY 87, Suite 7	Navarre, FL 32566-1066
IC	Patrick G. Rooney	1900 HWY 87, Suite 7	Navarre, FL 32566-1066

**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:**

*Patrick G. Rooney*

Patrick G. Rooney

*02/23/00*

Date

850-939-1548

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (9/99)

# Nuovo Technologies, Incorporated

**Nuovo**®

February 23, 2000

Division of Corporations  
Ms. Y. Fisher  
Post Office Box 6327  
Tallahassee, Florida 32314

Document #P96000095858


Dear Ms. Fisher:

Please find enclosed the Corporation Reinstatement Form and our check #2029 for \$350.00 for fees for 1999 and 2000, per our discussion of February 16, 2000. As we spoke, our previous mailing address was 8668 Navarre Parkway, Suite 330, Navarre, Florida 32566, which was a Mail Boxes Etc. location. We attempted to have our mail forwarded from this location, but were informed that the US Postal Service cannot do so, as they do not recognize the Suite Numbers as valid.

We have had recurring problems with several key suppliers and customers whose checks and orders have been returned without forwarding over the past two years since we changed our mailing address. We have not changed our physical address on file with the Division of Corporations, nor have the Directors or Registered Agent.

Thank you very much for your understanding of this matter, and for waiving the penalties under the circumstances.

Sincerely,

  
Patrick G. Rooney  
President/CFO

Enclosures