

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 NOV -3 PM 1:45

DOCUMENT # **P970000 99543**

**1. Corporation Name**

Neno, Inc.

**2. Principal Office Address**

5514 SW 28 Terrace

Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL

Zip Country  
33312 U.S.A.

**3. Mailing Office Address**

8211 W. Broward Boulevard

Suite, Apt. #, etc.

Suite 200

City & State

Plantation, FL

Zip Country  
33324 U.S.A.

**REINSTATEMENT 99-00**

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

11-20-97

**5. FEI Number**

650795014

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

Neno Botton

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

5514 SW 28 Terrace

Suite, Apt. #, Etc.

City

Fort Lauderdale,

State  
**FL**

Zip Code  
33312

500003473145-0

-11/21/00-01094-004

\*\*\*\*900.00 \*\*\*\*900.00

**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

REGISTERED AGENT MUST SIGN

Date

**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
PTD	Neno Botton	5514 SW 28 Terrace	Fort Lauderdale, FL 33312

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/23/2000

954-494-1299  
Daytime Phone #