

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

01 APR 26 PM 4:40

DOCUMENT # **9980000000468**

1. Corporation Name

NILA INC

W01-8254

2. Principal Office Address

2620-C SOUTH BLVD

3. Mailing Office Address:

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CHARLOTTE N.C.

City & State

Zip

Country

2820 9

U.S.

Zip

Country

REINSTATEMENT 09-01

4. Date Incorporated or Qualified
To Do Business in Florida

JAN 2 1998

5. FEI Number

65-0808775

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

ARNOLD FELDMAN CPA

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

19101 MYSTIC POINTE DR

Suite, Apt. #, Etc.

1101

City

MIAMI

FLORIDA

State

FL

Zip Code

33180

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

4/3/01

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

Pres. & DIR NILA NASSI

3009 WAMATH DR

CHARLOTTE NC 28210

500004212325--2

-05/11/01 --01098--031

*****1050.00 ***1050.00**

AR 5/1

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

04/03/01

Daytime Phone #

CR2E081 (9/00)