PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
00 NOV -7 PM 1:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000023520

1. Corporation Name

Nowco, Corporation

REINSTATEMENT 2000

2. Principal Office Address	3. Mailing Office Address
375 N.W. 40ct #1	375 N.W. 40ct.
Suite Apt. #, etc. 1	Suite Apt. #, etc. 1
City & State Oakland Park	City & State Oakland Park
Zip 33309 Country U.S.	Zip 33309 Country U.S.

4. Date Incorporated or Qualified To Do Business In Florida

5. FEI Number 65-0828486 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: John Burgess

Street Address (P.O. Box Number is Not Acceptable): 375 N.W. 40ct.

Suite, Apt. #, Etc.: 1

City: Oakland Park, Fla. State: FL Zip Code: 33309

000003464900--4
-11/15/00--01101--012
****750.00 ****750.00

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: John Burgess (REGISTERED AGENT MUST SIGN) Date: 11-6-00

CR2E031 (9/99)

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
P	John Burgess	375 N.W. 40ct	Oakland Pk. Fla 33309
CEO	Victor Greg	375 N.W. 40ct.	Oakland Pk. Fla 33309
V.P.	Lorraine Pekrone	375 N.W. 40ct.	Oakland Pk. Fla 33309
Elec. Sect.	Lisa Mazza	375 N.W. 40ct.	Oakland Pk Fla 33309
			LS

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: John Burgess 11-6-00 (954) 530-1541
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #