

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 AUG 10 AM 11:44

DOCUMENT # P98000032254

1. Corporation Name

The NMK Group, Inc

600159425966
08/10/09--01046--017 **600.00

2. Principal Office Address - No P.O. Box #
102 Andalusia Way

Suite, Apt. #, etc.

City & State
Palm Beach Gardens, FL

Zip Country
33418 USA

3. Mailing Office Address
102 Andalusia Way

Suite, Apt. #, etc.

City & State
Palm Beach Gardens, FL

Zip Country
33418 USA

REINSTATEMENT

06-09

KS

4. Date Incorporated or Qualified
To Do Business in Florida 04/05/1998

5. FEI Number
65-0828254

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$375 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Neal Kaiser

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

Suite, Apt. #, Etc.

City
Palm Beach Gardens, FL

State Zip Code
FL 33418

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Neal Kaiser

REGISTERED AGENT MUST SIGN

Date 8/6/09

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
D	Neal Kaiser	102 Andalusia Way	Palm Beach Gardens, FL 33418

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 807.0401 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 contained in Chapter 119, 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:

Neal Kaiser NEAL KAISER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/6/09

Date

561 676-6058

Daytime Phone #