

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # p98000095988**

1. Corporation Name

Nityl, Inc.

2. Principal Office Address - No P.O. Box #

7108 Fairway Drive

Suite, Apt. #, etc.

120

City & State

Palm Beach Gardens

Zip

33458

Country

USA

3. Mailing Office Address

7108 Fairway Drive

Suite, Apt. #, etc.

120

City & State

Palm Beach Gardens

Zip

33458

Country

USA

**REINSTATEMENT**

CR2E081 (6/10)

4. Date Incorporated or Qualified

To Do Business in Florida 11/13/1998

5. FEI Number

650876481

☐ 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

Carlos Gonzalez

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

7108 Fairway Drive

Suite, Apt. #, Etc.

120

City

Palm Beach Gardens

State

FL

Zip Code

33418

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

*Carlos Gonzalez*

REGISTERED AGENT MUST SIGN

Date

7/6/11

**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
PD	Carlos Gonzalez, Sr,	7108 Fairway Drive	Palm Beach Gardens, FL 33418
VP	Carlos Gonzalez, Jr.	12317 Equine Lane	Wellington, FL 33414
T	Elvia Gonzalez	7108 Fairway Drive	Palm Beach Gardens, FL 33418
S	Michele Gonzalez	12317 Equine Lane	Wellington, FL 33414

10. E-mail Address: pattycrouse@bellsouth.net

(To be used for future annual report notification)

11. 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. I further certify, 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:

*Carlos Gonzalez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/5/2011

Date

561-624-5347

Daytime Phone #