

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  
TALLAHASSEE, FLORIDA

01 JUL -6 PM 12:57

**DOCUMENT #**

P99000045270

**1. Corporation Name**

N-CONTROL MANAGEMENT, INC.

**2. Principal Office Address**

900 LIME LANE

Suite, Apt. #, etc.

City & State

MARATHON, FLORIDA

Zip

33050

Country

USA

**3. Mailing Office Address**

C/O SUNTRUST BANK  
300 1ST AVE SOUTH

Suite, Apt. #, etc.

SUITE 200

City & State

ST. PETERSBURG, FLORIDA

Zip

33701

Country

USA

**REINSTATEMENT** 00-01

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

05/18/99

**SP**

**5. FEI Number**

59-3577640

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

NICHOLAS GENE CARTER

000004478110-2

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

914 CAPRILLIO LANE

07/17/01 01001 015

\*\*\*\*308.75 \*\*\*\*308.75

Suite, Apt. #, Etc.

City

APOLLO BEACH

State

FL

Zip Code

33572

**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 *X*

REGISTERED AGENT MUST SIGN

Date 6/29/01

**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, D	NICKOLAS G. CARTER	C/O SUNTRUST BANK 300 1ST AVENUE SOUTH SUITE 200	ST. PETERSBURG, FLORIDA 33701

**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

6/29/01

Daytime Phone #

727-892-3751

CR2E081 (9/00)