PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
02 MAR 29 PM 2:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

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

DOCUMENT # P99000051219

1. Corporation Name

Numac PC Services, Inc.
W02-6537

REINSTATEMENT 00-02

2. Principal Office Address	3. Mailing Office Address
118 So. Robbins Dr.	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: West Palm Beach, Fl	City & State: Florida - same
Zip: 33409 Country: Palm Beach	Zip: 33409 Country: same

4. Date Incorporated or Qualified To Do Business in Florida: 6/7/99

5. FEI Number: 65-0933135 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $30.00 additional fee required for Certificate of Status

7. Name and Address of Current Registered Agent

Name: Robert I. McNaughton

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-05/08/02--01046--007
****458.75 ****458.75

Street Address (P.O. Box Number is Not Acceptable): 118 So. Robbins Dr.

Suite, Apt. #, Etc.

City: West Palm Beach State: FL Zip Code: 33409

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: Robert I McNaughton Date: 3/21/02
REGISTERED AGENT MUST SIGN

CR2E081 (9/01)

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	Robert I McNaughton	118 So. Robbins Dr.	West Palm Bch FL 33409
V	Linda M. McNaughton	118 So. Robbins Dr	West Palm Bch FL 33409
S	Linda S. McNaughton	346 Swain Blvd	Greenacres FL 33463

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: Robert I McNaughton 3/21/02 561-689-7526
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #