

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 29 AM 8:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

DOCUMENT # P99000051222

1. Corporation Name

NAKK, INC.

Principal Place of Business

4499 WOODFIELD BLVD
BOCA RATON FL 33434

Mailing Address

4499 WOODFIELD BLVD
BOCA RATON FL 33434

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

6853 SW 18th St, Suite 301

Suite, Apt. #, etc.

Boca Raton, FL

City & State

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

4. Date Incorporated or Qualified
To Do Business in Florida

06/07/1999

5. FEI Number

65-0932859

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)

Name of Officers
and/or Directors

Street Address of Each
Officer and/or Director

City / State / Zip

D P

KESSLER, NIA

4499 WOODFIELD AVENUE

BOCA RATON FL 33434

D VP

KESSLER, KEVIN

4499 WOODFIELD AVENUE

BOCA RATON FL 33434

400008670994
10/29/02--01103--007 **150.00

8. Name and Address of Current Registered Agent

FILINGS, INC.

3732 N.W. 16TH STREET

FT. LAUDERDALE FL 33311-4132

9. Name and Address of New Registered Agent

Name

Nia Kessler, MA

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

4499 Woodfield Blvd

Suite, Apt. #, Etc.

City

Boca Raton

State

FL

Zip Code

33434

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date 10-21-02

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 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-21-02

Date

561-241-2655

Daytime Phone #

CR2E040 (8/02)

**Florida Department of State
24, 2002
Division of Corporation
PO Box 6327
Tallahassee, FL 32314**

Oct 24, 2002

**From: Nia Kessler
NAKKinc FEI:65-0932859
4499 Woodfield Blvd
Boca Raton, FL 33434**

To: Dept of State,

This letter is being written to inform you that I never received the prior uniform business report (UBR) notices. I am therefore requesting that the reinstatement fee be waived. I have completed the application that I receive this week and am enclosing fee to file requested \$150.00

Please contact me at 954-695-4995 if you have any questions.

Thank you for your consideration.

Sincerely,


Nia Kessler MD