

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 27 PM 1:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000068043

1. Corporation Name

NOLA, INC.

Principal Place of Business

115 DUVAL STREET
KEY WEST FL 33040

Mailing Address

115 DUVAL STREET
KEY WEST FL 33040

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

07/30/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

42-6083236

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PT	HARRELL, MARY B	115 DUVAL STREET	KEY WEST FL 33040
VPS	WEYMAN, SAM	201 AVERY DR	ATLANTA GA 30309
D	Peace, William B.	349 Peachtree Hills Ave C-2	Atlanta, GA 30305
			800008817818 11/06/02--01025--006 **758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~DILORENZO, PATRICE P ESQ.~~
~~OF COUNSEL TO HORAN & HORAN~~
~~608 WHITEHEAD STREET~~
~~KEY WEST FL 33040~~

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

MARY B HARRELL
115 Duval St
Key west
KEY west
FL 33040

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

REGISTERED AGENT MUST SIGN

Date

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/29/02 305-296-6609