

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

**FILED**

02 MAY -6 PM 3:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** S83331

1. Corporation Name

NODAK CORPORATION

**REINSTATEMENT** 00-02

2. Principal Office Address

11801 S.W. 104th Court

3. Mailing Office Address

11801 S.W. 104th Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, Florida 33176

City & State

Miami, Florida 33176

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

9-27-1991

5. FEI Number

65-0299178

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

HARLAN ARTHUR KNUTSON

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

11801 Southwest 104th Court

Suite, Apt. #, Etc.

City

Miami

800005970988--3

-06/25/02--01041--029

\*\*\*\*\*8.75 \*\*\* \*\*8.75

800005970988--3

-06/25/02--01041--030

\*\*\*\*\*10.00 \*\*\* \*\*050.00

State

FL

33176

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 Harlan Arthur Knutson

REGISTERED AGENT MUST SIGN

Date April-30 2002

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	Harlan Arthur Knutson	11801 S.W. 104th Ct.	Miami, Florida 33176
-SD-	Teresa-KNutson --	11801 S.W. 108th Ct.	Miami, Florida 33176
			900.00-Adm
			61.25-AR
			88.75-ARsup

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:

X Harlan Arthur Knutson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Harlan Arthur Knutson, PD (4-30-2002) 662-5571

Date

Daytime Phone #

CR2E081 (9/01)