

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hoop

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # V48760

1. Corporation Name

NI'ESON, INC.

Principal Place of Business

389 DOMINO DRIVE
ORLANDO FL 32805
US

Mailing Address

P.O. BOX 555068
ORLANDO FL 32805
US

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

2. New Principal Office Address, If Applicable

389 Domino Dr

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

P.O. Box 555068

Suite, Apt. #, etc.

City & State

Orlando FL

City & State

Orlando FL

Zip

32805

Country

Orange

Zip

32805

Country

Orange

4. Date Incorporated or Qualified
To Do Business in Florida

07/01/1992

5. FEI Number

30-0091179

Applied For

Not Applicable

8.

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 |
|----------|--------------------------------------|---|--------------------|
| 1 | 2 | 3 | 4 |
| VTD | THOMPSON, PLINNIE | 389 DOMINO DR. | ORLANDO FL |
| SD | THOMPSON, NARITHA J. | 389 DOMINO DR. | ORLANDO FL |
| PD | THOMPSON, P. WENDELL | 389 DOMINO DR. | ORLANDO FL |
| | VTD Plinnie Thompson | 389 Domino Dr | Orlando FL 32805 |
| | SD Naritha J. Thompson | 389 Domino Dr | Orlando FL 32805 |
| | PD Wendell Thompson | 389 Domino Dr | Orlando FL 32805 |

8. Name and Address of Current Registered Agent

THOMPSON, PLINNIE
743 S ORANGE BLOSSOM TRAIL
ORLANDO FL 32805

9. Name and Address of New Registered Agent

REINSTATEMENT 03-04

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Plinnie Thompson

REGISTERED AGENT MUST SIGN

Date 3/22/04

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:

Plinnie Thompson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/22/04

Daytime Phone #

1-87-3769519

CFR2040 (7/03)