

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F00000001089

1. Corporation Name

N70FT, INC

2. Principal Office Address - No P.O. Box #

3411 SILVERSIDE ROAD

Suite, Apt. #, etc.

City & State

WILMINGTON DE

Zip

19810

Country

USA

3. Mailing Office Address

301 DYER BLVD

Suite, Apt. #, etc.

102

City & State

KISSIMMEE FL

Zip

34741

Country

USA

WID — 12797

FILED
10 APR -6 AM 8:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 08-10
000172000230
03/12/10--01024--009 **300.00
CR2E081 (11/09)

4. Date Incorporated or Qualified
To Do Business in Florida 02/29/2000

5. FEI Number
51-0397991

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
FOWLER WHITE BOGGS BANKER PA

Street Address (P.O. Box Number is Not Acceptable)
C/O MICHAEL EL GOODBREAD JR 50 NORTH LAURA ST

Suite, Apt. #, Etc.
2200

City
JACKSONVILLE

State Zip Code
FL 32202

The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Date 03/02/2010

REGISTERED AGENT MUST SIGN

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	READ STEVE	301 DYER BLVD	KISSIMMEE FL 34741
VP	ISSOTT MARC	301 DYER BLVD	KISSIMMEE FL 34741

000172000230
04/05/10--01002--008 **158.75

JC 4/7

10. E-mail Address: JROLDANOFT@YAHOO.COM

(To be used for future annual report notification)

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. I further certify, 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: MARC ISSOTT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/02/2010 407-518-7766
Date Daytime Phone #