

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F00000001559

1. Corporation Name

N80FT, INC

WID — 12812

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

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

FL

Zip Code

32202

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

REGISTERED AGENT MUST SIGN

Date 03/02/2010

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 |
|        |                                   |  |                    |
|        |                                   |  |                    |
|        |                                   |  |                    |
|        |                                   |  |                    |

400172000374  
04/06/10--01002--007 \*\*158.75

24/7

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

03/02/2010 407-518-7766

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
10 APR -6 AM 8:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 08-10

400172000374  
03/12/10--01024--010 \*\*300.00  
CR2E081 (11/09)

4. Date Incorporated or Qualified  
To Do Business in Florida 03/22/2000

5. FEI Number

51-0397991

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status