

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F06000001706

FILED  
Jan 22, 2008  
Secretary of State

Entity Name: PORT NEXUS CORPORATION

## Current Principal Place of Business:

18 WILLET AVENUE STE 203  
PORT CHESTER, NY 10573

## New Principal Place of Business:

1336 NORTH FEDERAL HWY, #1  
POMPANO BEACH, FL 33062

## Current Mailing Address:

18 WILLET AVENUE STE 203  
PORT CHESTER, NY 10573

## New Mailing Address:

1336 NORTH FEDERAL HWY, #1  
POMPANO BEACH, FL 33062

FEI Number: 83-0435010

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

## Name and Address of New Registered Agent:

JONES, MONIKA  
1700 NW NORTH RIVER DR. #804  
MIAMI, FL 33125 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MONIKA JONES

01/22/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: JONES, STEVEN  
Address: 1700 NO. RIVER DRIVE #804  
City-St-Zip: MIAMI, FL 33125

Title: DS (X) Delete  
Name: KRIKORIAN, VAN  
Address: 5 FREDERICK COURT  
City-St-Zip: HARRISON, NY 10528

Title: DT ( ) Delete  
Name: JONES, MONIKA  
Address: 1700 NO. RIVER DRIVE #804  
City-St-Zip: MIAMI, FL 33125

Title: D (X) Delete  
Name: JACQUET, BRUNO  
Address: 16 PLACE DE LA MADELEINE  
City-St-Zip: 75008 PARIS FRANCE,

Title: D ( ) Delete  
Name: AYNILIAN, NICK  
Address: 477 COLONIAL ROAD  
City-St-Zip: RIDGEWOOD, NJ 07450

Title: D (X) Delete  
Name: MEAK, GLYN  
Address: 4901 NORTH RIM DRIVE  
City-St-Zip: AUSTIN, TX 78731

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MONIKA JONES

DT

01/22/2008

Electronic Signature of Signing Officer or Director

Date