

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 JUL -2 PM 1:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000149401

1. Corporation Name

N.R.N. PROPERTY, INC

2. Principal Office Address - No P.O. Box #
17878 N BAY RD

Suite, Apt. #, etc.
505

City & State
SUNNY ISLE, FL

Zip
33160

Country
DADE

3. Mailing Office Address
17878 N BAY RD

Suite, Apt. #, etc.
505

City & State
SUNNY ISLE, FL

Zip
33160

Country
DADE

REINSTATEMENT 05-07

4. Date Incorporated or Qualified
To Do Business in Florida **10.28.04**

5. FEI Number
20-2132780

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
ROBERTO SAROZA

Street Address (P.O. Box Number is Not Acceptable)
17878 N BAY RD

Suite, Apt. #, Etc.
505

City
SUNNY ISLE

State
FL

Zip Code
33160

☒ 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

Roberto Saroza

REGISTERED AGENT MUST SIGN

Date **05/15/07**

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
PR	ROBERTO SAROZA	17878 N BAY RD #505	SUNNY ISLE, FL 33160
TRE	NORMA SAROZA	17878 N BAY RD #505	SUNNY ISLE, FL 33160
SEC	NELSON SAROZA	17878 N BAY RD #505	SUNNY ISLE, FL 33160

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 contained in Chapter 119, 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:

Norma Saroza
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/15/07
Date

305-935-7272
Daytime Phone #