

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 SEP 25 AM 8:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P960000084474**

1. Corporation Name

Nextrend Inc

900004623989--4

-10/04/01--01068--018

******350.00 ****350.00**

2. Principal Office Address

2125 CENTER AVENUE

Suite, Apt. #, etc.

SUITE 500

City & State

FORT LEE, NJ

Zip

07024

Country

BERGEN

3. Mailing Office Address

2125 CENTER AVENUE

Suite, Apt. #, etc.

SUITE 500

City & State

FORT LEE NJ

Zip

07024

Country

BERGEN

REINSTATEMENT 00-01

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

10/11/96

5. FEI Number

22-3496551

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

CORPORATION SERVICE COMPANY

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

1701 HAYS STREET

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32301-2525

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **9-17-01**

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
DPT	WINKER, MAX	2125 CENTER AVE, SUITE 500	FORT LEE NJ 07024
S	TSCUDIN, HUGO	2125 CENTER AVE, SUITE 500	FORT LEE NJ 07024
			900004623989--4
			-10/04/01--01068--017
			****550.00 ****550.00

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 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/30/01
Date

201
302-6000
Daytime Phone #

CR2E081 (9/00)