

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

APPROVED AND FILED

98 NOV 23 PM 12:00

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P97000004351**

1. Corporation Name

NEXICO, INC.

Principal Place of Business

Mailing Address

~~7405 N TAMiami TRAIL
 SARASOTA FL 34243~~

7405 N TAMiami TRAIL
 SARASOTA FL 34243

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
7666 15th STREET EAST
 Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable
 Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida
01/10/1997

City & State
SARASOTA, FLORIDA

City & State

5. FEI Number **65-0804930**
 Applied For Not Applicable

Zip **34243**

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED **\$8.75 Additional Fee required for a Certificate of Status**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	SCOTT D. LYON	7707 9th AVENUE DRIVE NW	BRADENTON, FL 34209
T/S	GREGORY SHEPARD	4701 GLENBROOKE TERRACE	SARASOTA, FL 34243
C	TERRY M. SEIDERS	727 WHITFIELD AVENUE	SARASOTA, FL 34243
			200002702232--4 -12/03/98--01092--017 ***750.00 ***750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SEIDERS, TERRY M
 7405 N TAMiami TRAIL
 SARASOTA FL 34243

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 Suite, Apt. #, Etc. _____
 City _____ State **FL** Zip Code _____

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

SIGNATURE REQUIRED
 REGISTERED AGENT MUST SIGN

Date **11/18/98**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No

(See other side for information on intangible tax.)

12. 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)(f), 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 REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **11/18/98** (941) 351-7600
 Daytime Phone #

CR2EMO (9/98)