

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

3. New Mailing Office Address, If Applicable

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number **65-0804930**

Applied For

City & State

SARASOTA, FLORIDA

City & State

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

Date **11/18/98**

REGISTERED AGENT MUST SIGN

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)