2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P97000004860

1. Entity Name
ND-AUSTIN, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 NOV 28 AM 10:29

REINSTATEMENT 06

Principal Place of Business	Mailing Address
11818 FRONT BEACH RD PANAMA CITY BEACH, FL 32407	11818 FRONT BEACH RD PANAMA CITY BEACH, FL 32407

10242006 REIN-P CR2E098 (11/05)

2. Principal Place of Business	3. Mailing Address
11208 Hutchison Blvd	11208 Hutchison Blvd
Suite, Apt. #, etc.: #135	Suite, Apt. #, etc.: #135
City & State: Panama City Bch, FL	City & State: Panama City Bch, FL
Zip: 32407 Country: Bay	Zip: 32407 Country: Bay

4. FEI Number: 59-3417483 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

AUSTIN, NATHAN
11818 FRONT BEACH RD
PANAMA CITY BEACH, FL 32407

7. Name and Address of New Registered Agent

Name

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

City: Panama City Beach FL Zip Code: 32413

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature] 11-28-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After January 1, 2007, Fee will be $300.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	☐ Delete	TITLE	400082100614	☐ Change ☐ Addition
NAME	AUSTIN, NATHAN		NAME	11/28/06--01033--024 **150.00	
STREET ADDRESS	11818 FRONT BEACH RD		STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32407		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 11-20-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #