

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

11 JUL -7 PM 1:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 140038

1. Corporation Name

NASSAU Fertilizer & Oil Co., Inc.

2. Principal Office Address - No P.O. Box #

325 Poqu Place

Suite, Apt #, etc.

3. Mailing Office Address

P.O. Box 767

Suite, Apt #, etc.

City & State

Fernandina Beach FL

City & State

Fernandina Beach FL

Zip

32034

Country

USA

Zip

32035

Country

USA

10-11

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

MAY 21, 1937

5. FEI Number

59-0372710

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

JAMES S. Corbett

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

1803 Highland Drive

Suite, Apt #, Etc.

City

Fernandina Beach

State

FL

Zip Code

32034

REINSTATEMENT

100209724431
07/07/11--01023--010 **900.00

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3/11

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

JAMES S. Corbett

REGISTERED AGENT MUST SIGN

Date 7-5-11

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
P	JAMES S. Corbett	1803 Highland Drive	Fernandina Beach FL 32034
S.T.	Thomas T. Corbett	1264 S. 6 th St.	Fernandina Beach FL 32034
VP	Thomas C. Guess	275 Mountain Laurel Ct.	Lexington, S.C. 29072

10. E-mail Address: JAMES.S.CORBETT@COMCAST.NET

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

JAMES S. Corbett

JAMES S. Corbett

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-5-11

Date

904 261 3886

Daytime Phone #