


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10 OCT -9 PM 1:08

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 246865

1. Corporation Name  
Nassau Land and Building Inc.

2. Principal Office Address - No P.O. Box # 1630 Hudson Place State, Apt. #, etc.	3. Mailing Office Address 1630 Hudson Place State, Apt. #, etc.
City & State Port Townsend, WA Zip 98368 Country US	City & State Port Townsend, WA Zip 98368 Country US

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10/09/19--01021--004 \*\*5408.75  
CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida 1/24/61

5. FEI Number 51-1772123 Applied For Not Applicable


6. CERTIFICATE OF STATUS OF SIRET  **4.75 Additional Fee required after a Certificate of Status**

7. Name and Address of Current Registered Agent

Name James D. D'Laughy  
Street Address (P.O. Box Number is Not Acceptable) 2425 P&A Blvd.  
State, Apt. #, Etc. Suite 204  
City Palm Beach Gardens State FL Zip Code 33411

**REINSTATEMENT**

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:  Date 10-6-19  
REGISTERED AGENT MUST SIGN

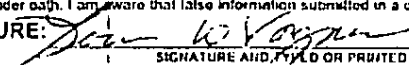
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DPST	Lorraine Waide Wagner	1630 Hudson Place	Port Townsend WA 98368

OCT-0-9-2019  
CAC

10. E-mail Address: Lori.V@acl.com  
(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:  Lorraine Waide Wagner Date Oct-2, 2019 Daytime Phone #