

MAY. 30. 2006 4:19PM

BUSH ROSS P A

NO. 7003 P. 2

1052

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

06 MAY 31 AM 8:32

CORPORATION  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 393585

1. Corporation Name

Nagord Properties, Inc.

2. Principal Office Address

2918 W. Jose Street

Suite, Apt. #, etc.

3. Mailing Office Address

2918 W. Jose Street

Suite, Apt. #, etc.

City &amp; State

Tampa, FL

City &amp; State

Tampa, FL

Zip

33629

Country

USA

Zip

33629

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida

May 23, 2006

5. FEI Number

591437537

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒\$0.75 Additional Fee required  
for a Certificate of Status

## 7. Name and Address of Current Registered Agent

Name

Darcie L. Maldonado

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

4556 S. Manhattan Avenue

Suite, Apt. #, Etc.

Suite D

City

Tampa

State

FL

Zip Code

33611

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

*Darcie L. Maldonado*

REGISTERED AGENT MUST SIGN

Date 5/23/06

## 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
PD	Bonnie G. Cohen	5707-Darnell	Houston, TX
VD	Miriam Dolly Cohen	11336 C Park Central Plaza	Dallas, TX 75230
STD	Darcie L. Maldonado	4556 S. Manhattan Avenue	Tampa, FL 33611
VPD	Gladys A. Williams	4335 Aegean Drive, #136A	Tampa, FL

10. 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 contained in Chapter 119, 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:

*Bonnie G. Cohen*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/25/06

Date

Daytime Phone #

2582

Florida Department of State  
Division of Corporations  
Public Access System

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To:

Division of Corporations

Fax Number : (850) 205-0384

From:

Account Name : BUSH ROSS, P.A.

Account Number : I19990000150

Phone : (813) 224-9255

Fax Number : (813) 223-9620

Bk for Stacey Graham - Acc - 9988.2

**CORPORATION REINSTATEMENT**

**NAGORD PROPERTIES, INC.**

Certificate of Status	1
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