

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 489261

1. Corporation Name

Nomad Surfboards inc.

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

4655 N. Ocean Blvd

Suite, Apt. #, etc.

City & State

Boynton Bch FL

Zip

33435

Country

Palm Beach

3. Mailing Office Address

4655 N. Ocean Blvd

Suite, Apt. #, etc.

City & State

Boynton Bch

Zip

33435

Country

Palm Beach

REINSTATEMENT

CR2E081 (11/09)

4. Date Incorporated or Qualified
To Do Business in Florida

10/17/1975

5. FEI Number

591856164

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

Ronald Heavyside

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

4655 N. Ocean Blvd

Suite, Apt. #, Etc.

City

Boynton Bch 1

State

FL

Zip Code

33435

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Ronald Heavyside
REGISTERED AGENT MUST SIGN

Date

11/20/09

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 officers	Ryan Heavyside	4655 N. Ocean Blvd	Boynton Bch FL 33435
V officers	Ronald Heavyside JR	4655 N. Ocean Blvd	Boynton Bch FL 33435

500163330445
12/04/09--01045--009 **1200.00

10. E-mail Address: nomad.surfsport@bellsouth.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., 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.

SIGNATURE:

Ronald Heavyside
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/20/09

Daytime Phone #

561 272
2082