

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F02000004918**

1. Corporation Name

National Americas Investment, Inc.

FILED
03 OCT 28 PM 4:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Office Address

8659 Baypine Rd

Suite, Apt. #, etc.

Suite 300

City & State

Jacksonville, Florida

Zip

32256

Country

USA

3. Mailing Office Address.

8659 Baypine Rd.

Suite, Apt. #, etc.

Suite 300

City & State

Jacksonville, Florida

Zip

32256

Country

USA

REINSTATEMENT 03

**4. Date Incorporated or Qualified
To Do Business in Florida**

9/27/2002

5. FEI Number

59-3544231

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

CT Corporation

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

1200 South Pine Island Road 300024396413
1/04/03--01014--012 **750.00

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

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

PETER F. SOUZA
ASSISTANT SECRETARY

REGISTERED AGENT MUST SIGN

Date

10/24/03

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
CEO	Gary Klinger	8659 Baypine Rd. Suite 300	Jacksonville, Florida 32256
VP Sec	Robert F. Schleiter, Jr	8659 Baypine Rd. Suite 300	Jacksonville, Florida 32256
VP Cont	Dawna Miller	8659 Baypine Rd. Suite 300	Jacksonville, Florida 32256
VP	Mark Cook	8659 Baypine Rd. Suite 300	Jacksonville, Florida 32256

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 under section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dawna Miller

Date

10/16/03

Daytime Phone #

904-807-3455