

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 DEC 11 AM 11:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F96000004361

1. Corporation Name

NESSE FOODS, INC.

REINSTATEMENT 02

100009476131
12/12/02--01013--009 **758.78

2. Principal Office Address

1001 N. US HIGHWAY 1

3. Mailing Office Address

1001 N. US HIGHWAY 1

Suite, Apt. #, etc.

SUITE 711

Suite, Apt. #, etc.

SUITE 711

City & State

JUPITER, FL

City & State

JUPITER, FL

Zip

33477

Country

US

Zip

33477

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

8/26/1996

5. FEI Number

954453600

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

PARACORP INCORPORATED

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

236 EAST 6TH AVENUE

Suite, Apt. #, Etc.

City

TALLAHASSEE

State
FL

Zip Code

32303

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

BARBARA GEIGER, SECRETARY

Date 12/5/02

REGISTERED AGENT MUST SIGN

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
PTDC	NESSE, HOWARD	1001 N. US HIGHWAY 1, SUITE 711	JUPITER, FL 33477
SD	NESSE, CANDACE	1001 N. US HIGHWAY 1, SUITE 711	JUPITER, FL 33477

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

HOWARD NESSE

12/06/02

Date

310-457-5733

Daytime Phone #

CR2E081 (9/01)