

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

99 OCT 22 AM 8:57

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **F98000002309**

1. Corporation Name

NIDA-CORE CORPORATION

Principal Place of Business

3240 SW 42ND AVE.
 PALM CITY FL 34990

Mailing Address

3240 SW 42ND AVE.
 PALM CITY FL 34990

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



REINSTATEMENT 99 10

4. Date Incorporated or Qualified To Do Business in Florida

04/21/1998

5. FEI Number

13-3454150

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status.

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PDC	JACQUINET, DAMIEN	711 CLAREMORE DR.	WEST PALM BEACH FL 33401

700003029907--D
 -11/01/99-01000-002
 *****758.75 *****758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JACQUINET, DAMIEN
 711 CLAREMORE DR.
 WEST PALM BEACH FL 33401

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 Suite, Apt. #, Etc. _____
 City _____ State **FL** Zip Code _____

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

Damien Jacquinet **REQUIRED**

Date **10/14/99**

REGISTERED AGENT MUST SIGN

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 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:

Damien Jacquinet **REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DAMIEN JACQUINET, PRESIDENT

Date **10/14/99**

Daytime Phone # **(813) 257-6464**