

NOV. 16. 2007 12:00PM

WRW&amp;CO 818-9812240

NO. 2071 P. 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

2007 NOV 16 PM 3:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F 99000000973

1. Corporation Name

NADEAU CORPORATION

REINSTATEMENT 05-07

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

1621 STANFORD ST.

3. Mailing Office Address

16130 VENTURA BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#320

City &amp; State

SANTA MONICA, CA

City &amp; State

ENCINO, CA

Zip

90404

Country

USA

Zip

91436

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

95-4713578

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

NADEAU Home

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

7620 NW 78TH TER

Suite, Apt. #, Etc.

City

MEDLEY

State

FL

Zip Code

33166

☒ 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

Date 11.16.07

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
PRESIDENT	THOMAS NADEAU	1621 STANFORD ST.	SANTA MONICA, CA 90404
CEO	STEVE BROOKS	1621 STANFORD ST.	SANTA MONICA, CA 90404

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/16/07

Day

Daytime Phone #

11/16/07