

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

12 FEB 13 AM 10:26

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 520411

1. Corporation Name

NESSA CHEMICAL INC

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

8325 262 Terr.

Suite, Apt. #, etc.

N/A

3. Mailing Office Address

PO Box 998

Suite, Apt. #, etc.

N/A

City & State

BRANFORD, FL

City & State

BRANFORD, FL

Zip

32008

Country

USA

Zip

32008

Country

USA

600221771296

02/13/12--01059--008 **1050.00

CR2E0B1 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

6-23-86

5. FEI Number

59-2690133

☐ 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

Robert F. Burt

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

8325 262 Terr.

Suite, Apt. #, Etc.

City

BRANFORD

State

FL

Zip Code

32008

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

Robert F. Burt

REGISTERED AGENT MUST SIGN

Date 2-8-12

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	Robert F. Burt	8325 262 Terr	BRANFORD, FL 32008
T/S	CAROLYN T. BURT	8325 262 Terr	BRANFORD, FL 32008

REINSTATEMENT

FEB 13 2012

R. HUNT

10-12

10. E-mail Address: IVA

(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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Robert F. Burt

Robert F. Burt

2-8-12

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR