

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L16512

1. Corporation Name

NSJ Corporation of Florida

Principal Place of Business

Mailing Address

9025 Boggy Creek Road, Unit 9
Orlando, Florida 32824

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

4. Date Incorporated or Qualified
To Do Business in Florida

9/19/89

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

59-3151295

Not Applicable

Zip

Country

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
Pres./ Treas.	W. Jephtha Thornton	9025 Boggy Creek Rd., Unit 9	Orlando, Florida 32824
V.P./ Secy.	Richard C. Giles	9025 Boggy Creek Rd., Unit 9	Orlando, Florida 32824
V.P.	Samuel Thornton	9025 Boggy Creek Rd., Unit 9	Orlando, Florida 32824

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-09/11/97--01034--005
***1088.75 ***1088.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

XL Corporate Services, Inc.
354 Office Plaza
Magnolia Office Center
Tallahassee, FL 32301

Name

Ms. Sylvia Sebrowski

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

9025 Boggy Creek Road

Suite, Apt. #, Etc.

Unit 9

City

Orlando

State

FL

Zip Code

32824

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

Sylvia Sebrowski
REGISTERED AGENT MUST SIGN

Date

8/27/97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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

Sylvia Sebrowski

8/27/97

Date

Daytime Phone #

407-856-1036

CR2E040 (12/96)