

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 # **L31178**

1. Corporation Name

NYAKO ENTERPRISES, INC.

Principal Place of Business

**99228 OVERSEAS HWY.
KEY LARGO FL 33037**

Mailing Address

**99228 OVERSEAS HWY.
KEY LARGO FL 33037**

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

4. Date Incorporated or Qualified
To Do Business in Florida

11/17/1989

5. FEI Number

65-0156893

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	NYAKO, FRANK H	252 ATLANTIC BLVD. 186 Long Key RD	KEY LARGO FL
D	NYAKO, DOROTHY L	252 ATLANTIC BLVD. 186 Long Key RD	KEY LARGO FL
	WAGERS, MICHELLE	GLENS TRAILER PARK STE 2	KEY LARGO FL

700002101697-0
-03/03/97--01005--006
***\$15.00 ***\$15.00

8. Name and Address of Current Registered Agent

**CULLEN, RUSSELL H ESO
99228 OVERSEAS HWY
KEY LARGO FL 33037**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

Russell H Cullen

REGISTERED AGENT MUST SIGN

Date **2/18/97**

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

Dorothy L Nyako
DOROTHY L NYAKO

Date

12/31/96

Daytime Phone #

305451-1538