

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV -4 PM 5:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # M33784

1. Corporation Name

NICK NORWOOD, INC.

Principal Place of Business

2500 ABACO AVE  
COCONUT GROVE FL 33133

Mailing Address

2500 ABACO AVE  
COCONUT GROVE FL 33133

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

06/17/1986

5. FEI Number

59-2688918

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DP	NORWOOD, NICK	2500 ABACO AVE	COCONUT GROVE FL
DVS	NORWOOD, FRANCOISE	2500 ABACO AVE	COCONUT GROVE FL
T	NORWOOD, FRANCOISE	2500 ABACO AVE	COCONUT GROVE FL

200008791952

11/04/02--01107--017 \*\*150.00

8. Name and Address of Current Registered Agent

FITZSIMMONS, ROBERT ESQUIRE  
3250 MARY STREET  
STE 404  
COCONUT GROVE FL 33133

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

25 West Flagler Street  
Penthouse  
Miami

FL

33130

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. or 617.0505, F.S.

Signature of  
Registered Agent

*[Signature]*

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10/26/02

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:

*[Signature]* NICK NORWOOD 10.26.02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (802)

N

nick norwood  
2800 abaco avenue  
coconut grove  
florida 33133  
305 868 1810  
f a x  
305 285 0868

October 29, 2002

Dear Sir,

Enclosed is a check for \$150<sup>00</sup>  
in payment of annual filing fee.  
This is the only notice received  
this year by NICKNORWOOD INC.

Sincerely,

Nick Norwood

DVS/T.

N