

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M66886

1. Corporation Name

Nick Isabella, Inc

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

95101 Nassau River Road

Suite, Apt. #, etc.

City & State

Fernandina Beach, FL

Zip
32034

Country
Nassau

3. Mailing Office Address

95101 Nassau River Road

Suite, Apt. #, etc.

City & State

Fernandina Beach, FL

Zip
32034

Country
Nassau

7. Name and Address of Current Registered Agent

Name
Nick Isabella

Street Address (P.O. Box Number is Not Acceptable)
95101 Nassau River Road

Suite, Apt. #, Etc.

City
Fernandina Beach

State
FL

Zip Code
32034

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

REGISTERED AGENT MUST SIGN

Date **02/07/07**

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
PD	Nick Isabella	95101 Nassau River Road	Fernandina Beach, FL 32034

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

02/07/07

Date

904-261-3565

Daytime Phone #

FILED

07 MAR 09 AM 6:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000093255070
03/16/07--01015--021 **750.00

REINSTATEMENT

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEL Number
59-2879100

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

☒ 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.

B. Mitchell MAD