

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**

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

FILED
09 FEB 22 PM 3:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N97000004631

1. Corporation Name

NUVENTURE FOR GLOBAL UNDERSTANDING, INC.

Principal Place of Business	Mailing Address
2111 CAPTAIN DRIVE DELTONA FL 32738	2111 CAPTAIN DRIVE DELTONA FL 32738



REINSTATEMENT 98-99

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	08/14/1997
5. FEI Number	59-3468666
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable

\$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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
CEO/D	WILLIAMS, DIAN F.	2111 CAPTAIN DR	DELTONA, FL. 32738
P/C/D	WILLIAMS, RICHARD E.	2111 CAPTAIN DR.	DELTONA, FL. 32738
S/D	LAWSON, ROBERT	2890 HARPER ST.	DELTONA, FL. 32738

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****297.50 ****297.50

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
WILLIAMS, DIAN F 2111 CAPTAIN DRIVE DELTONA FL 32738	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc City State Zip Code

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: *Dian F. Williams* Date: *1/19/99*

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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]* 1-19-99 904-789-4727

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR25040 (9/98)