

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N97000007019**

1. Corporation Name

SOUTH FLORIDA NIKKEN INDEPENDENT DISTRIBUTORS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1000 WEST MCNAB ROAD
POMPANO BEACH FL 33069

1000 WEST MCNAB ROAD
POMPANO BEACH FL 33069

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

12/17/1997

5. FEI Number

65-0800423

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	4. City / State / Zip
PD	JACKSON, KATHIE	713 RIVIERA ISLE	FT. LAUDERDALE FL 33301
VD	RACKO, ALAN	1000 ST. CHARLES PLACE #103	PEMBROKE PINES FL 33028
VD	CORNER, HAROLD	5219 LAKEVIEW DR	WEST PALM BEACH FL 33412
VD	MAITLAND, JACK	1520 NN 58TH LANE	FT. LAUDERDALE FL 33308
TD	KILE, LARRY	2382 NW 58TH LANE	CORAL SPRINGS FL 33065
SD	WOOD, JANET	5752 SW 58TH TERRACE	COOPER CITY FL 33328

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PERRELLA, TED
1000 WEST MCNAB ROAD
POMPANO BEACH FL 33069

Name

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

Suite, Apt. #, Etc.

City

TS
500003051055--1

11/22/99 01095--003

*****61 FL *****61.25

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

Ted Perrella
REGISTERED AGENT MUST SIGN

Date

11/4/99

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:

Larry Kile / LARRY KILE - TREASURER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/4/99
Date

(954) 762-4583 x7
Daytime Phone #

October 29, 1999

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Per our telephone conversation on 10-27-99, I have enclosed a check for 61.25. We did not receive any renewal forms in 1999 for the 1999 corporation annual report.

Thank you for your help in this matter, you can contact me at my office (954) 782-4588 ext 7 or Home (954) 757-8559.

Very truly yours,


Larry Kile
Treasurer