

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P00000004076

1. Entity Name  
NEXXUS ENTERPRISES, INC.



FILED

2006 OCT -9 PM 1:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
10 W. NEW HAVEN AVE  
MELBOURNE, FL 32901

Mailing Address  
10 W. NEW HAVEN AVE  
MELBOURNE, FL 32901

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10052006

REIN-P

CR2E098 (11/05)

4. FEI Number  
59-3658299

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CHAVEZ, JORGE L  
10 W. NEW HAVEN AVE  
MELBOURNE, FL 32901

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After January 1, 2007, Fee will be \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE: P ☐ Delete  
NAME: CHAVEZ, JORGE L  
STREET ADDRESS: 283 HIGH ROAD NW  
CITY-ST-ZIP: PALM BAY, FL 32907

TITLE: VP ☐ Delete  
NAME: CHAVEZ, WALTER E  
STREET ADDRESS: 283 HIGH ROAD NW  
CITY-ST-ZIP: PALM BAY, FL 32907

TITLE: OFFICE Manager ☐ Delete  
NAME: Chavez, Karla  
STREET ADDRESS: 111 Cypress Brook Cir. 809.  
CITY-ST-ZIP: Melbourne, FL 32901

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☒ Change ☐ Addition  
NAME: Chavez, Jorge L.  
STREET ADDRESS: 259 McClain Dr.  
CITY-ST-ZIP: Melbourne, FL 32904

TITLE: ☒ Change ☐ Addition  
NAME: Chavez, Walter  
STREET ADDRESS: 472 Trier Rd. NW  
CITY-ST-ZIP: Palm Bay, FL 32907

TITLE: ☐ Change ☒ Addition  
NAME: Office Manager  
STREET ADDRESS: Karla Chavez  
CITY-ST-ZIP: 111 Cypress Brook Cir. 809  
Melbourne, FL 32901

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:  
000080639190  
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TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/06/06

Date

(321) 725-3987

Daytime Phone #

10/10/06