

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 MAY -8 AM 9:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000004088

1. Corporation Name

NATION NINE, INC.

2. Principal Office Address

19593 N.E. 10th Ave

Suite, Apt. #, etc.

Bldg # 4 Suite A

City & State

Miami, FL

Zip

33179

Country

3. Mailing Office Address

693 N.E. 82nd Terr

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33138

Country

DADE

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-1001407

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

500005574785--6

05/20/02--01063--010

*****8.75 *****8.75

7. Name and Address of Current Registered Agent

Name

CARMEN MORRIS

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

693 N.E. 82nd Terr

Suite, Apt. #, Etc.

City

Miami

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***300.00 ***300.00

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

Carmen Morris

REGISTERED AGENT MUST SIGN

Date 5-5-02

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
P	Cleveland McMath	1729 N.W. 81st St	Miami, FL 33147
VP	Tony Dorant	6460 S.W. 25th St	MIRAMAR, FL 33023
and VP	Sam Tolbert III	7730 N.W. 33rd St	Holly wood, FL 33024
Treas	CARMEN MORRIS	693 N.E. 82nd Terr	Miami, FL 33138
D	LUCRICIA WOODSIDE	19593 N.E. 10th Ave	Miami, FL 33179
D	CHRISTOPHER A. CHUCK	857 N.W. 153rd St	Miami, FL 33169

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 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:

Cleveland McMath

Cleveland McMath

5-6-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)