

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 NOV 13 AM 9:35

SECRETARY OF STATE  
TALLAHASSEE 000008972640

11/13/02--01069--020 \*\*150.00

DOCUMENT # P01000025930

1. Corporation Name

NORTH AMERICAN SPECIAL EVENTS, INC.

Principal Place of Business

6971 N. FEDERAL HWY., STE. 105  
BOCA RATON FL 33487

Mailing Address

6971 N. FEDERAL HWY., STE. 105  
BOCA RATON FL 33487



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

4608 NW 8th Lane

Suite, Apt. #, etc.

City & State

Fort Lauderdale FL

Zip

33309

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

03/08/2001

5. FEI Number

65-1089050

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	GEER, WADE EDWARD	<del>6971 N. FEDERAL HWY., STE. 105</del> 4608 NW 8th LANE	<del>BOCA RATON FL 33487</del> FORT LAUDERDALE, FL 33309

8. Name and Address of Current Registered Agent

GREENWALD, STEVEN I ESQ  
6971 N. FEDERAL HWY., STE. 105  
BOCA RATON FL 33487

9. Name and Address of New Registered Agent

Name

WADE EDWARD GEER

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

4608 NW 8th LA

Suite, Apt. #, Etc.

#

City

FORT LAUDERDALE

State

FL

Zip Code

33309

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. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11-11-2002

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WADE EDWARD GEER 11-11-2002 770-8646

Date

Daytime Phone #

CR2E040 (8/02)

2082

NORTH AMERICAN SPECIAL EVENTS, INC.  
4608 NW 8<sup>th</sup> LANE  
FORT LAUDERDALE, FL 33309

November 5, 2002

Florida Department of State Division of Corporations  
Annual Report/Reinstatement Section  
PO Box 6327  
Tallahassee, FL 32314-6327

Re: Application for Reinstatement Document # P01000025930

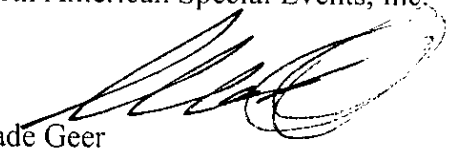
Gentlemen:

Enclosed please find our completed application for reinstatement along with payment of \$ 150.00 representing the annual report fee and corporate supplemental fee. We request waiver of the reinstatement fee as we have no record of ever receiving the two prior UBR notices mentioned in the instructions to this form. Our entity is extremely small and we cannot understand why such mailings would not have been timely completed.

Thank you in advance for your consideration.

Sincerely,

North American Special Events, Inc.



Wade Geer  
Director

Enclosures

PK/my documents/clients/newman/north amer spec events fl 2001 ubr.doc