

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM:

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 MAR -7 PM 1:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P01000043914

**1. Corporation Name**

NAZARIEL CORP.  
229 Miami Avenue West  
Venice, FL. 34285

**2. Principal Office Address**

229 Miami Avenue West

Suite, Apt. #, etc.

City & State

Venice, FL.

Zip

34285

Country

**3. Mailing Office Address**

229 Miami Avenue West

Suite, Apt. #, etc.

City & State

Venice, FL.

Zip

34285

Country

**REINSTATEMENT** 02-03

**4. Date Incorporated or Qualified  
To Do Business in Florida**

04/30/2001

**5. FEI Number**

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Laurie A. Bolam

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

3869 Woodmere Park Blvd.

Suite, Apt. #, Etc.

Apt. #11

City

Venice

State  
**FL**

Zip Code  
34293

**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

*Laurie A. Bolam*

REGISTERED AGENT MUST SIGN

Date *2/27/03*

**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
D	Drost, Herminia P	229 Miami Avenue West	Venice, FL. 34285
			200013629442 03/08/03--01053--004 **900.00
			200013629442 03/08/03--01053--005 **150.00

**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:**

*Herminia Paula Drost*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/27/03*

Date

Daytime Phone #

CR2E081 (10/02)