

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 15 AM 8:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

1. Corporation Name

N.S. PAINTINGS & CUSTOM FRAMES, INC.

2. Principal Office Address

750 N. OCEAN DR.

Suite, Apt. #, etc.

603

City & State

POMPANO BEACH, FL.

Zip

33062

Country

USA

3. Mailing Office Address

750 N. OCEAN DR.

Suite, Apt. #, etc.

603

City & State

POMPANO BEACH, FL.

Zip

33062

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

06/05/2001

5. FEI Number

65-1116-138

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

SIMKIN, NIMROD

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

750 NORTH OCEAN DRIVE

Suite, Apt. #, Etc.

603

City

POMPANO

800023830348

10/15/03--01075--027 \*\*750.75

State

FL

Zip Code

33062

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 10-10-03

**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	NIMROD SIMKIN	750 N. OCEAN DRIVE #603	POMPANO, FL. 33062

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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-10-03

Date

239-649-8343

Daytime Phone #

CR2E081 (10/02)

7/10/17