

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 28 PM 3:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000061574**

1. Corporation Name

**NUMINA LAN GROUP INCORPORATED**

Principal Place of Business

6101 ORANGE DRIVE  
DAVIE FL 33314

Mailing Address

6101 ORANGE DRIVE  
DAVIE, FL FL 33314

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

03

4. Date Incorporated or Qualified  
To Do Business in Florida

06/16/2001

5. FEI Number

NOT APPLICABLE

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
PD	FERREIRA, CHRISTOPHER	15245 N.W. 87TH PLACE	MIAMI LAKES FL 33018
VD	FRISBY, RUSH M	12730 S.W. 114TH AVE.	MIAMI FL 33176

600024189076  
10/28/03--01016--002 \*\*150.00

8. Name and Address of Current Registered Agent

FERREIRA, CHRISTOPHER  
15245 N.W. 87TH PLACE  
MIAMI LAKES FL 33018

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

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

*Christopher Ferreira*

REGISTERED AGENT MUST SIGN

Date

10-22-03

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:

*Christopher Ferreira*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-22-03 305-796-6364

Date

Daytime Phone #

CR2E040 (7/03)



Numina LAN Group, Inc.

6101 Orange Drive  
Davie, FL 33314  
Ph: 305-796-6364  
Fax: 954-442-1444  
[www.numinalan.com](http://www.numinalan.com)

October 22, 2003

Division Of Corporations  
Annual Report/Reinstatement Section  
PO-Box-6327  
Tallahassee, FL 32314-6327

Dear Sir or Madam:

This letter is to certify that our company did not receive it's prior "Uniform Business Report" paperwork. Enclosed with this letter please find a check for \$150 for our UBR filling fee. Should there be a problem please do not hesitate to call us. Thank you.

Sincerely,

A handwritten signature in black ink, appearing to read "Chris Ferreira". The signature is fluid and cursive, written over the printed name.

Christopher Ferreira  
President