

FILED

04 NOV -1 PM 3:31

**2004 FOR PROFIT CORPORATION  
REINSTATEMENT**

DOCUMENT # P01000087289

1. Entity Name  
NU-DAZ INC.SECRETARY OF STATE  
TALLAHASSEE, FLORIDAPrincipal Place of Business  
2000 LEWIS TURNER BLVD.  
FT. WALTON, FL 32547Mailing Address  
2000 LEWIS TURNER BLVD.  
FT. WALTON, FL 32547**REINSTATEMENT** 04

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10272004 REIN-P CR2E098 (6/04)

City &amp; State

City &amp; State

4. FEI Number  
59-3745336Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOSWELL, JIMMY *RC*  
2000 LEWIS TURNER BLVD.  
FT. WALTON BEACH, FL 32547

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00****After January 1, 2005, Fee will be \$300.00**In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> Delete
NAME	SECONDINE, BRYCE D	
STREET ADDRESS	2737 BAY CLUB DR.	
CITY-ST-ZIP	NAVARRE, FL 32566	

TITLE	<i>CEO</i>	<input type="checkbox"/> Delete
NAME	BOSWELL, JIMMY C	
STREET ADDRESS	25 ANASTASIA DR.	
CITY-ST-ZIP	FT. WALTON BEACH, FL 32548	

TITLE	<i>P</i>	<input type="checkbox"/> Delete
NAME	LONG, JAMES C	
STREET ADDRESS	214 ALDEN DRIVE	
CITY-ST-ZIP	FT WALTON BEACH, FL 32547	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	600042355496	
STREET ADDRESS	11/01/04--01060--017 **150.00	
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTORDate 10/25/04 Daytime Phone #  
Date Daytime Phone #