

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
Mar 13, 2003 8:00 A.M.
Secretary of State

DOCUMENT # **P01000087289**

1. Corporation Name

NU-IDAZ INC.

Principal Place of Business

Mailing Address

**2000 LEWIS TURNER BLVD.
FT. WALTON FL 32547**

**2000 LEWIS TURNER BLVD.
FT. WALTON FL 32547**

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

4. Date Incorporated or Qualified
To Do Business in Florida

09/05/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

5. FEI Number

59-3745336

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$38.75. 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
V	SECONDINE, BRYCE D	2737 BAY CLUB DR.	NAVARRE FL 32566
P	BOSWELL, JIMMY C	25 ANASTASIA DR.	FT. WALTON BEACH FL 32548
V	Long, James C	214 Alden Drive	Ft Walton Bch., FL 32547

600013343606
03/03/03--01076--017 **158.75

600013343606
03/13/03--01042--001 **150.00

8. Name and Address of Current Registered Agent

BOSWELL, JIMMY C.
2000 LEWIS TURNER BLVD.
FT. WALTON FL 32547

9. Name and Address of New Registered Agent

Name

Boswell, Jimmy C.

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

2000 LEWIS TURNER BLVD

Suite, Apt. #, Etc.

City

Fort Walton Bch.

State

FL

Zip Code

32547

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

2/12/03

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

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/12/03

Daytime Phone #

(859) 863-5300