

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 DEC -9 PM 2:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000042556

1. Corporation Name

NASEED MANAGEMENT CORPORATION

Principal Place of Business

513 OSCEOLA ST.  
TALLAHASSEE FL 32310

Mailing Address

513 OSCEOLA ST.  
TALLAHASSEE FL 32310

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

2. New Principal Office Address, If Applicable

2022 WANNISH WAY

3. Address, If Applicable

P.O. Box 6132

4. Date Incorporated or Qualified  
To Do Business in Florida

04/19/2002

5. FEI Number

50-0003668

Applied For

Not Applicable

City & State

Tallahassee Tall

City & State

Tallahassee Fla

Zip

32310

Country

Zip

32304-6132

Country

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	JONES, EDWARD J JR.	513 OSCEOLA ST.	TALLAHASSEE FL 32310
SD	HOWELL, JANICE M	1344 S. BRONOUGH ST.	TALLAHASSEE FL 32301
TD	NOLAND, MELISSA A	4965 LEAH LANE 4965	TALLAHASSEE FL 32303

8. Name and Address of Current Registered Agent

HOWELL, JANICE M  
1344 S. BRONOUGH ST.  
TALLAHASSEE FL 32301

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

SIGNATURE OF REGISTERED AGENT

Date

REGISTERED AGENT MUST SIGN

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E040 (7/03)



# One Stop Shop



December 1, 2003

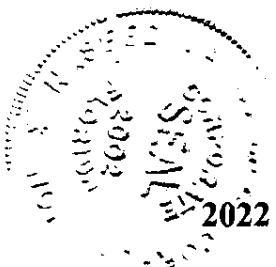
Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32304

Dear Sir:

This letter is being written in response to learning that our corporation has been disbanded due to not replying to mail that was sent to us in regards to filing an annual report. The reasoning for this is that the mailing information for our corporation is incorrect. The correct mailing address is P.O. Box 6132, Tallahassee, FL 32304-6132. Our correct physical address is 2022 Wahnish Way, Tallahassee, FL 32310. We were informed that in order to get this corrected, we had to send this letter along with a check or money order for \$150.00, which is included. If there are any further instructions, please feel free to contact me at the above address or at (850) 576-1085. Thanks in advance for your assistance with this matter.

Respectfully Submitted,

Melissa Noland  
Treasurer, Naseed Management Corporation



2022 Wahnish Way • P.O. Box 6132 Tallahassee, FL 32314-6132

Phone: (850) 576-1085 • Fax: (850) 576-1206