

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 31 PM 1:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000076809

1. Corporation Name

NANNUB REALTY, INC.

Principal Place of Business

Mailing Address

3825 STATE ROAD 64 EAST
SUITE 300
BRADENTON FL 34208

3825 STATE ROAD 64 EAST
SUITE 300
BRADENTON FL 34208

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

2. New Principal Office Address, If Applicable

5704 Manatee Ave W
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

5704 Manatee Ave W
Suite, Apt. #, etc.

City & State

Bradenton, FL 34209

City & State

Bradenton, FL 34209

Zip

34209

Country

U.S.A.

Zip

34209

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

7/16/08

07/16/2002

5. FEI Number

33-1013193

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
Pres	Karen Thompson	13785 6th Pl. East	Bradenton, FL 34202

400024383294
11/03/03--01077--017 **750.00

8. Name and Address of Current Registered Agent

BARNES, GARRET T ESQ.
3119 MANATEE AVENUE WEST
BRADENTON FL 34205

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

REGISTERED AGENT MUST SIGN

Date 10-29-03

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Karen Thompson

10/15/03 941-812-3965
Date Daytime Phone #

CR2E040 (7/03)