

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000016783

1. Corporation Name

NATIONWIDE RESIDENTIAL & COMMERCIAL REAL ESTATE, INC

2. Principal Office Address - No P.O. Box #

4947 TAMiami TRAIL N

Suite, Apt. #, etc.

SUITE 106

City & State

NAPLES FL

Zip

34103

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

400172223614
03/15/10--01062--004 **450.00
CR2E081 (11/09)

4. Date Incorporated or Qualified
To Do Business in Florida

02-12-2003

5. FEI Number

593537810

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CAL MONTENEGRO

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

280 HENLEY DR

Suite, Apt. #, Etc.

City

NAPLES

State

FL

Zip Code

34102

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date **03/10/10**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|--------|--------------------------------------|---|--------------------|
| P | CAL MONTENEGRO | 280 HENLEY DR | NAPLES FL 34104 |
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REINSTATEMENT **RH**

10. E-mail Address: **jparlette@hensleycpas.us**

(To be used for future annual report notification)

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. I further certify, 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 #

3-10-10