

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

17 APR 20 PM 12:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** PD30000018080

1. Corporation Name  
NINI WHYTE CORPORATION  
5010 SW 11 STREET  
PLANTATION, FL 33317

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

5010 SW 11 ST

Suite, Apt. #, etc.

3. Mailing Office Address

5010 SW 11 ST

Suite, Apt. #, etc.

City & State

PLANTATION FL

Zip

33317

Country

BROWARD

City & State

PLANTATION FL

Zip

33317

Country

BROWARD

CR2E081 (11/10)

4. Data Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

72-1549175

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  
NORMAN LOBBAN

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

4448 INVERRARY BL

Suite, Apt. #, etc.

City

LAUDERHILL

State

FL

Zip Code

33319

100298235551  
04/20/17--01019--009 \*\*1050.00

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

Date \_\_\_\_\_

REGISTERED AGENT MUST SIGN

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
PRES	DORRETTE WHYTE	6780 NW 69 CT	TAMARAC FL 33321
VT	EGBERT WHYTE	6780 NW 69 CT	TAMARAC FL 33321

10. E-mail Address: DORRETTE.WHYTE@IQ.YAHOO.COM

(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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

DORRETTE WHYTE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/17

Date

954-663-1922

Daytime Phone