

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P03000044010

1. Corporation Name

NEW TERRITORY INTERNATIONAL  
DEVELOPMENT AND INVESTMENTS, INC

FILED

07 MAR -9 PM 2:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

100093743221

03/19/07--01051--004 \*\*458.75

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

6610 ALTURA PL.

3. Mailing Office Address

← SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOCA RATON, FLORIDA

City & State

Zip

33433

Country

U.S.

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

12/21/04

5. FEI Number

20-1348644

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

EDWIN E PEREIRA

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

6610 ALTURA PLACE

Suite, Apt. #, Etc.

City

BOCA RATON

State

FL

Zip Code

33433

☒ 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

*Edwin E Pereira*

REGISTERED AGENT MUST SIGN

Date 3/7/07

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/T	EDWIN E PEREIRA	6610 ALTURA PI	BOCA RATON, FL 33433
V/S	GEORGIA Y PEREIRA	6610 ALTURA PI	BOCA RATON, FL 33433

10. 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 contained in Chapter 119, 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:

*Edwin E Pereira*

Edwin E. Pereira 3/7/07 561-573-1031

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #