

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000104188

1. Entity Name  
NR SIDEWALK, INC.



Principal Place of Business

2322 SW 31 AVE  
HALLANDALE BEACH, FL 33009 30

Mailing Address

2322 SW 31 AVE  
HALLANDALE BEACH, FL 33009 30

2. Principal Place of Business

114 N. LAKE SHORE DR.  
Suite, Apt. #, etc.

3. Mailing Address

114 N. LAKE SHORE DR.  
Suite, Apt. #, etc.

City & State

HALLANDALE FL

City & State

HALLANDALE

4. FEI Number

30-0309626

Applied For

Not Applicable

Zip

33009

Country

USA

Zip

33009

Country

USA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROY, NIVEN  
2322 SW 31 AVE  
HALLANDALE BEACH, FL 33009

7. Name and Address of New Registered Agent

Name: Roy, NIVEN  
Street Address (P.O. Box Number is Not Acceptable): 114 N. LAKE SHORE DR.  
City: Hallandale FL Zip Code: 33009

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Niven Roy

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

05/13/05

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE: P  
NAME: ROY, NIVEN  
STREET ADDRESS: 2322 SW 31 AVE  
CITY-ST-ZIP: HALLANDALE BEACH, FL 33009

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ Change ☐ Addition

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CITY-ST-ZIP: ☐ Delete

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CITY-ST-ZIP: ☐ Delete

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NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Niven Roy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/13/05

Date Daytime Phone #