

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2007 JAN -2 AM 10:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P03000137662

1. Corporation Name

Nathan's Vinyl, Inc.

2. Principal Office Address

10483 Alvin RD. So.

Suite, Apt. #, etc.

City & State

Jacksonville, FL.

Zip

32222

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

CR2E081 (12/05)

4. Date Incorporated or Qualified  
To Do Business in Florida

Nov. 17, 2003

5. FEI Number 331076750

~~P03000137662~~

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

Nathan Parrott

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

10483 Alvin RD. So.

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32222

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

Nathan Parrott

REGISTERED AGENT MUST SIGN

Date Dec. 29, 06

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.	Nathan Parrott	10483 Alvin RD South	Jax FL. 32222

200082920942  
01/02/07--01064--014 \*\*150.00

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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:

Nathan Parrott

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dec. 29, 06

Date

904-771-7859

Daytime Phone #