

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
2021 MAY 24 AM 9:04

DOCUMENT # PO4000031266 Reinstatement

1. Corporation Name

2008 - 2021

NATIONS CONSTRUCTION AND REMODELING INC.

800361267148  
03/04/21--01032--026 \*\*2700.00

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

201 ANSIN BLVD

3. Mailing Office Address

201 ANSIN BLVD

Suite, Apt. #, etc.

UNIT A

Suite, Apt. #, etc.

UNIT A

City & State

HALLANDALE, FL

City & State

HALLANDALE, FL

Zip

33009

Country

US

Zip

33009

Country

US

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

02/16/2004

5. FEI Number

90-0146197

☒

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

ELASAF GILBERT

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

201 ANSIN BLVD

Suite, Apt. #, Etc.

UNIT A

City

HALLANDALE

State

FL

Zip Code

33009

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 02/26/2021

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
P	ELASAF GILBERT	201 ANSIN BLVD	HALLANDALE, FL 33009
VP	YUVAL FADLON	201 ANSIN BLVD	HALLANDALE, FL 33009

10. E-mail Address: APEARIONCONSTRUCTION@GMAIL.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:

02/26/2021

786-505-9463

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #