

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED  
FILED

07 FEB 26 AM 9:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

900091012899  
03/06/07--01024--018 \*\*458.75

REINSTATEMENT 05-07 *PS*  
CR2E081 (1/07)

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P04000045521

1. Corporation Name

Nicfazz 27, Inc.

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

1600 S. Federal Hwy  
Ste 420

Suite, Apt. #, etc.

Pompano Bch, FL

City & State

Zip

33062

Country

US

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

3/12/2004

5. FEI Number

20-0860458

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

Nicole Fazio

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

2463 NE 14th St. CSWY

Suite, Apt. #, Etc.

City

Pompano Beach

State

FL

Zip Code

33062

☒ 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

nicole fazio

REGISTERED AGENT MUST SIGN

Date

2/22/07

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
VP	Nicole M Fazio	2463 NE 14th St. CSWY Pompano Beach, FL 33062	Pompano Bch, FL 33062

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:

nicole fazio

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/07

Date

954-941-1506

Daytime Phone #