


2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000108300 1. Entity Name NASSAU COMMERCE CENTER, INC.	
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FILED
07 APR 30 PM 3:10

COUNTY OF STATE
DALL ANASSEE, FLORIDA

Principal Place of Business P.O. BOX 16377 FERNANDINA BEACH, FL 32035 US	Mailing Address P.O. BOX 16377 FERNANDINA BEACH, FL 32035 US
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2. Principal Place of Business - No P.O. Box # 1417 Sadler Rd Suite, Apt. #, etc. Suite 178	3. Mailing Address 1417 Sadler Rd. Suite, Apt. #, etc. Suite 178
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City & State FERNANDINA BEACH, FL Zip 32034	City & State FERNANDINA Beach, FL Zip 32034
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4. FEI Number 20-3290198	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MERLINI, JOSEPH C JR. 251 CREEKSIDE DRIVE D-09 FERNANDINA BEACH, FL 32034	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right; font-weight: bold;">FL</div> Zip Code
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MERLINI, JOSEPH C JR. <input type="checkbox"/> Delete P.O. BOX 16377 FERNANDINA BEACH, FL 32035
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete <div style="font-size: 2em; text-align: center;">JCS/18</div>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MERLINI, JOSEPH C JR 1417 SADLER RD, STE 178 FERNANDINA BEACH, FL 32034
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600103284116 05/25/07--01013--018 **300.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 its 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: Joseph C. Merlini Date: 3-15-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR