

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P07000039844

1. Corporation Name

NU GENERATION MAGAZINE SERVICE INC.

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

700 E BOYNTON BEACH BLVD

Suite, Apt. #, etc.

STE #1401

City & State

BOYNTON BEACH, FL

Zip

33435

Country

USA

3. Mailing Office Address

700 E BOYNTON BEACH BLVD

Suite, Apt. #, etc.

STE #1401

City & State

BOYNTON BEACH, FL

Zip

33435

Country

USA

7. Name and Address of Current Registered Agent

Name

SPIEGEL & UTRERA P.A.

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

1840 SW 22ND ST

Suite, Apt. #, Etc.

4TH FLOOR

City

MIAMI

State

FL

Zip Code

33145

4. Date Incorporated or Qualified
To Do Business in Florida

03/29/2007

5. FEI Number

20-8763178

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☒ 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

Date

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
PSD	SUSAN DONDEY	700 E BOYNTON BCH BLVD STE #1401	BOYNTON BEACH, FL 33435

10. E-mail Address: **SDONDEY@AOL.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., 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.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

10 FEB -2 PM 12:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 08-10

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02/02/10--01012--016 **450.00

CR2E081 (11/09)

2/2/3

1/29/10 **954-304-0708**