

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2021 JUL 22 AM 11:23

SECRETARY OF STATE
TALLAHASSEE

DOCUMENT # P11000032024

1. Corporation Name

NEMESIS Group Inc

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

4663 Empire Way

3. Mailing Office Address

1126 NW 81st Terrace

Suite, Apt. #, etc.

Lake, south FL

Suite, Apt. #, etc.

City & State

City & State

Plantations FL

Zip

Country

33463

USA

Zip

Country

33322

USA

600870402136

07/21/21--01019--030 **1990.00

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

☒ 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

Velus Turenne

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

1126 NW 81st Terrace

Suite, Apt. #, Etc.

City

Plantations

State

FL

Zip Code

33322

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

Velus Turenne

REGISTERED AGENT MUST SIGN

Date 07/11/2021

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	Roloph Turenne	1126 NW 81 st Terrace	Plantation FL 33322
VP	Kevin Turenne	5400 NW 77 th Ct	Pompano FL 33073
T	Velus Turenne	5400 NW 77 th Ct	Pompano FL 33073

10. E-mail Address: R. Turenne@live.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:

Velus Turenne

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

07/11/2021

Daytime Phone