

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 96 NOV 18 PM 3:32 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # P93000020216					
1. Corporation Name Nations Construction Services Inc.					
Principal Place of Business 11123 S.W. 15 th Manor Davie, FL 33324		Mailing Address 226A S. University Dr. Suite 214 Davie, FL 33324			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip		3. New Mailing Address, If Applicable Suite, Apt. #, etc. City & State Zip		4. Date Incorporated or Qualified To Do Business in Florida 3-12-93	
City & State Zip		City & State Zip		5. FEI Number 65-0405180	
6. CERTIFICATE OF STATUS DESIRED ☒				Applied For Not Applicable	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip		
1	PSD Christopher B. Zacco	226A S. University Dr. #214	Davie, FL 33324		
2	.	.	.		
3	.	.	.		
4	.	.	.		
5	.	.	.		
6	.	.	.		
8. Name and Address of Current Registered Agent Chris Zacco 2269 S. University Dr. Ste. 214 Davie, FL 33324				9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code	
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0606, F.S. Signature of Registered Agent: <i>Chris Zacco, President</i> Date: 11-15-96					
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐ (See other side for information on intangible tax.)					
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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. 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: <i>Chris Zacco, President</i> 11-15-96 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					