

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 OCT 18 PM 12:22

DOCUMENT # **P94000004086**

1. Corporation Name

NAYDA NASON & ASSOCIATES, INC.

Principal Place of Business

Mailing Address

501 BRIKELL KEY DRIVE
STE 202
MIAMI FL 33131

501 BRIKELL KEY DRIVE
STE 202
MIAMI FL 33131



REINSTATEMENT

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

01/18/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0541246

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSTD	NASON, NAYDA	1925 BRICKELL AVE., APT. D-412	MIAMI FL 33129
VSTD	NASON, DENNIS H	1050 ANDORA AVE.	CORAL GABLES FL 33146

900004658099--0
-10/29/01--01102--011
*****750.00 *****750.00

Signature

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

NASON, DENNIS H
1050 ANDORA AVE
CORAL GABLES FL 33146

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Signature
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date *Oct 15, 2001*

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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), 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:

Signature
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Oct 15, 2001 305-379-7400

Date

Daytime Phone #

CR2E040 (801)