1052

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
97 AUG 15 AM 11:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000008464

1. Corporation Name

NAI INVESTORS, INC.

Principal Place of Business	Mailing Address
4710 Eisenhower Boulevard Suite C-8 Tampa, FL 33634	SAME

REINSTATEMENT 8/8/97

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
4531 Rosemere	4531 Rosmere
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Tampa, FL	Tampa, FL
Zip 33609 Country	Zip 33609 Country

4. Date Incorporated or Qualified To Do Business in Florida: 02/02/1994

5. FEI Number: 59-3224674 — Applied For ☐ Not Applicable ☐

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	Sullivan, Chris T.	550 North Reo St., Ste.204	Tampa, FL 33609
DP	McDonald, Brian A.	4710 Eisenhower Boulevard Suite C-8	Tampa, FL 33634
ST	Kadow, Joseph J.	550 North Red Street, Ste. 200	Tampa, FL
			400002268294--8

8. Name and Address of Current Registered Agent

Kadow, Joseph J.
550 North Reo Street, Suite 200
~~2300 Bank Center~~
Tampa, FL 33609

9. Name and Address of New Registered Agent

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: X _____ Date: 08/14/97

REGISTERED AGENT MUST SIGN

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 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: X _____ 8/14/97 (813) 282-1225
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Joseph J. Kadow, Secretary

2082

THE UNITED STATES CORPORATION COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 495391 84041A

AUTHORIZATION : Patricia Pyfitt

COST LIMIT : $ 923.75

ORDER DATE : August 13, 1997

ORDER TIME : 10:48 AM

ORDER NO. : 495391-005

CUSTOMER NO: 84041A

CUSTOMER: Ms. Norma Deguenther
Outback Steakhouse Of Florida,
Suite 200
550 North Reo Street
Tampa, FL 33609

DOMESTIC FILINGS

NAME: NAI INVESTORS, INC.

XX___ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX_____ PLAIN STAMPED COPY
XX_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Deborah Schroder

EXAMINER'S INITIALS _____

RECEIVED
97 AUG 15 AM 11:25
DIVISION OF CORPORATION