

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

00 MAY -4 AM 9:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000032357

1. Corporation Name

NEVERMORE, INC.

2. Principal Office Address

2398 E. SILVER PALM
ROAD

City & State

BOCA RATON, FL

Zip Country

33432

USA

3. Mailing Office Address

2121 PONCE DE LEON BLVD

Suite, Apt. #, etc.

#240

City & State

CORAL GABLES FL

Zip Country

33134

USA

REINSTATEMENT

98-00

**4. Date Incorporated or Qualified
To Do Business in Florida**

04/28/1994

SP

5. FEI Number

65-0480932

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

GABRIEL PRATS

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

2121 PONCE DE LEON BLVD.

Suite, Apt. #, Etc.

#240

City

CORAL GABLES

State

FL

Zip Code

33134

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

REGISTERED AGENT MUST SIGN

Date

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
D	ANDRES URIBE	2398 E. SILVER PALM RD	BOCA RATON, FL 33432
D	MANUEL ZAIAC	100 S.E. 2ND ST #2350	MIAMI, FL 33130
D	VINCENT P DONAHUE	2398 E. SILVER PALM RD.	BOCA RATON, FL 33432

10. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 11 2000 561-392
Date Daytime Phone # 1160

CR2E081 (9/99)