

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

99 DEC 23 PM 2:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

P940000057752
NREC Indian Harbour, Inc.

Principal Place of Business

Mailing Address

c/o Kay Gagna EA
5330 Primrose Drive, Suite 228
Fair Oaks, CA 95628

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

REINSTATEMENT 98-99

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable

3. New Mailing Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida
08/04/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

59-3269366

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

Each Applicant Must Sign
and Attach to Application

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City/State/Zip
PSD	Jamil Sultan Al-Essa	Al Watanya Bldg., 10th Floor P.O. Box 22644 Fahad Al Salem Street	Safat, Kuwait
VASD	Tarek Abdul Azia Al-Essa	Same as above	Same as above
VD	Omran Hayat	Same as above	Same as above

60000-310000-0
-01/20/00--01026-012
***900.00 ***900.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CT Corporation System
1200 South Pine Island Road
Plantation, FL 33324

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

Connie Bryan
Connie Bryan Special Asst. Secy.
REGISTERED AGENT MUST SIGN

Date

12-23-99

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:

Jamil Sultan Al-Essa

SIGNATURE AND TYPED OR PRINTED NAME SIGNING OFFICER OR DIRECTOR

President

Date

3/16/99 965-431-5855

Daytime Phone #