

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

96 NOV -1 PM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000071631**

1. Corporation Name

NARDI'S III, INC.

Principal Place of Business

**2705 HOLLYWOOD BLVD.
HOLLYWOOD FL 33020**

Mailing Address

**2705 HOLLYWOOD BLVD.
HOLLYWOOD FL 33020**

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/28/1994

5. FEI Number

05-0498408

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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	2	3	4
DVST	LOPEZ, CHARLES	2705 HOLLYWOOD BLVD.	HOLLYWOOD FL
DP	WOODRUFF, LLYN	2705 HOLLYWOOD BLVD.	HOLLYWOOD FL 33020

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*****375.00 ***375.00**

8. Name and Address of Current Registered Agent

**EMANUELE, MARK A
688 S. ANDREWS AVE.
SUITE 601
FT. LAUDERDALE FL 33310**

9. Name and Address of New Registered Agent

Name

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

3600 N. FEDERAL HWY

Suite, Apt. #, Etc.

3RD FLOOR

City

FT. LAUDERDALE

State

FL

Zip Code

33308

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

Mark A Emanuele
SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10-28-96

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 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:

Charles A. Whelan
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #