

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000015883

Corporation Name

NUEARTH CORPORATION

Principal Office Address - No P.O. Box #
495 GRAND BLVD.

3. Mailing Office Address
495 GRAND BLVD.

Suite, Apt. #, etc.
SUITE 206

Suite, Apt. #, etc.
SUITE 206

City & State
MIRAMAR BEACH, FL

City & State
MIRAMAR BEACH, FL

Zip
32550

Country
USA

Zip
32550

Country
USA

7. Name and Address of Current Registered Agent

Name
DIVANI FERNANDEZ

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

Suite, Apt. #, Etc.
SUITE 206

City
MIRAMAR BEACH

State
FL

Zip Code
32550

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 *Divani Fernandez*
REGISTERED AGENT MUST SIGN

Date NOVEMBER 3, 2020

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
CEO	DIVANI FERNANDEZ	495 GRAND BLVD., SUITE 206	MIRAMAR BEACH, FL 32550
COO	DIVANI FERNANDEZ	495 GRAND BLVD., SUITE 206	MIRAMAR BEACH, FL 32550

REINSTATEMENT

2011 - 2021

E-mail Address: info@nuearthcorporation.com

(To be used for future annual report notification)

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. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: *Divani Fernandez* DIVANI FERNANDEZ
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NOVEMBER 3, 2020

(850) 659-2952

Date

Daytime Phone #

2.5 17 PM 3:31

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida 02/27/1995

5. FEI Number 65-0569329

Applied For
Not Applicable

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

500360382505
02/17/21--01009--003 **1000.00

500360382505
02/17/21--01009--004 **1000.00

500360382505
02/17/21--01009--005 **250.00