

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 JAN 24 AM 9:13

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P95000057845**

1. Corporation Name

NEWMAN INVESTMENTS INC.

Principal Place of Business

3501 WILDFLOWER DR.
CORAL SPRINGS FL 33065

Mailing Address

3501 WILDFLOWER DR.
CORAL SPRINGS FL 33065

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

4. Date Incorporated or Qualified
To Do Business in Florida

07/26/1995

Suite, Apt. #, etc.

7809 Dixie Beach Circle

Suite, Apt. #, etc.

Same as new office address

City & State

Tamarac, Florida

City & State

Zip

33321

Country

USA

Zip

Country

5. FEI Number

☒

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)

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
D	NEWMAN, ROBERT	3501 WILDFLOWER DR. 7809 Dixie Beach Circle	CORAL SPRINGS FL 33065 Tamarac, FL 33321
			000002041600--4 -12/31/96--01007--001 ***1125.00 ****375.00

8. Name and Address of Current Registered Agent

FILINGS, INC.
3732 N.W. 18TH STREET
FT. LAUDERDALE FL 33311-4132

9. Name and Address of New Registered Agent

Name

Robert Newman

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

7809 Dixie Beach Circle

Suite, Apt. #, Etc.

City

Tamarac

State

FL

Zip Code

33321

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

REGISTERED AGENT MUST SIGN

Date

1-7-96

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-20/96

Daytime Phone #