

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  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

97 OCT 31 PM 2:55

mtu  
10/31

DOCUMENT # P95000093192

1. Corporation Name  
NORTEL, INC.

Principal Place of Business

4100 S. FED. HWY

#200

DEERFIELD BEACH FL 33441

Mailing Address

1100 S. FED. HWY

#200

DEERFIELD BEACH FL 33441



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

2. New Principal Office Address, If Applicable  
1060 S. Fed. Hwy.

Suite, Apt. #, etc.  
Suite A

City & State  
Deerfield Beach FL

Zip  
33444

Country

3. New Mailing Office Address, If Applicable  
P.O. Box 1610

Suite, Apt. #, etc.

City & State  
Boca Raton FL

Zip  
33429

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

12/07/1995

5. FEI Number

65-0627418

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
PSTD	SOREIDE, ARNE M	1100 S. FED. HWY. SUITE 200 19225 Croisette Lake Ln	DEERFIELD BEACH FL 33441 Boca Raton FL 33498
			100002337441-5 -11/04/97--01035--025 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

SOREIDE, ARNE M

1100 S. FED. HWY.

#200

DEERFIELD BEACH FL 33441

9. Name and Address of New Registered Agent

Name  
Soreide, Arne M

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

19225 Croisette Lake Ln

Suite, Apt. #, Etc.

City  
Boca Raton

State  
FL

Zip Code  
33498

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 10/27/97

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

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

Daytime Phone #

10/27/97 581.445.1569

CP2E040 (8/97)