

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT

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



AND
FILED

1998 APR -7 AM 11:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 916000010170

1. Corporation Name
Northfield Corp DBA Copper Penny

Principal Place of Business Mailing Address

16701 US Hwy 301 S
Wimuma FL, 33598

300002482683--31
 -04/08/98--01075--004
 *****900.00 *****900.00

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

2. New Principal Office Address, If Applicable
16701 US Hwy 301 S
 Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable
 Suite, Apt. #, etc. SAME

City & State
Wimuma FL

City & State
SAME

Zip
33598

Country
HIKBORO

Zip
 Country

4. Date Incorporated or Qualified To Do Business in Florida
2/96

5. FEI Number
59-3364005

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
President	Paul Warren Nugent	163 magazine St Camb. Mass 02319	Camb Mass 02319
VP	Gary Edward Nugent	6310 Cottonwood LN Apollo Beach FL 33572	Apollo Beach FL 33572
Treasurer	Patricia Louise Nugent	6310 Cottonwood LN Apollo Beach FL 33572	Apollo Beach FL 33572
Secretary			

REINSTATEMENT 4/98
 4/11/98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Attorney Damon Glisson
 US Hwy 41 South
 Apollo Beach FL 33572

Name David Gauthier
 Street Address (P.O. Box Number is Not Acceptable)
3036 State Rd 674
 Suite, Apt. #, Etc. 3036
 City Rushton State FL Zip Code 33570

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 4/9/98

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: Patricia L Nugent 4-9-98 813-634-5476
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E(40) (7-98)