

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 NOV 25 AM 10:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000021214

1. Corporation Name  
NEDICO, INC.

Principal Place of Business  
280 RACQUET CLUB ROAD  
SUITE 101  
FORT LAUDERDALE FL 33326

Mailing Address  
280 RACQUET CLUB ROAD  
SUITE 101  
FORT LAUDERDALE FL 33326



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

|                                                                                                                                                                                     |  |                                                                                                                     |  |                                                                                                                                 |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------|--|
| 2. New Principal Office Address, If Applicable<br>ALEXANDER P. PUCCI<br>Suite, Apt. #, etc.<br>16441 BLATT BLVD 101<br>City & State<br>WESTON, FL<br>Zip<br>33326<br>Country<br>USA |  | 3. New Mailing Office Address, If Applicable<br>SAME AS #2<br>Suite, Apt. #, etc.<br>City & State<br>Zip<br>Country |  | 4. Date Incorporated or Qualified To Do Business in Florida<br>03/07/1996                                                       |  |
|                                                                                                                                                                                     |  |                                                                                                                     |  | 5. FEI Number<br>65-0649352<br>Applied For<br>Not Applicable                                                                    |  |
|                                                                                                                                                                                     |  |                                                                                                                     |  | 6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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<br>Title(s) | 2<br>Name of Officers and/or Directors | 3<br>Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | 4<br>City / State / Zip  |
|---------------|----------------------------------------|------------------------------------------------------------------------------------------|--------------------------|
| PF            | PUCCI, ALEXANDER P                     | 280 RACQUET CLUB ROAD                                                                    | FORT LAUDERDALE FL 33326 |
| VD            | PAREJA, ANA                            | 280 RACQUET CLUB ROAD                                                                    | FORT LAUDERDALE FL 33326 |
| STD           | PUCCI, PIEDAD                          | 280 RACQUET CLUB ROAD                                                                    | FORT LAUDERDALE FL 33326 |
|               |                                        |                                                                                          | 500002361235-6           |
|               |                                        |                                                                                          | -12/02/97-01069-005      |
|               |                                        |                                                                                          | ****758.75 ****758.75    |
|               |                                        |                                                                                          | REINSTATEMENT            |
|               |                                        |                                                                                          | 56 11-26-97              |

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PUCCI, ALEXANDER P  
280 RACQUET CLUB ROAD  
SUITE 101  
FORT LAUDERDALE FL 33326

Name  
ALEXANDER P. PUCCI  
Street Address (P.O. Box Number is Not Acceptable)  
16441 BLATT BLVD #105  
Suite, Apt. #, Etc.  
City  
WESTON  
State  
FL  
Zip Code  
33326

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  
Alexander P. Pucci  
REGISTERED AGENT MUST SIGN

Date  
11/24/97

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: Alexander P. Pucci - ALEXANDER P. PUCCI, NOV 24, 1997  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date  
Daytime Phone # (954) 385-8808