

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 MAY -7 PM 3:55

DOCUMENT # P96000038389

1. Corporation Name

NISABE CORP.

2. Principal Office Address

415 L'AMBIANCE

3. Mailing Office Address

200 SOUTH ORANGE AVE.

REINSTATEMENT 02-03

Suite, Apt. #, etc.

UNIT D905

Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

05/03/1996

City & State

LONGBOAT KEY, FL

City & State

SARASOTA, FL

5. FEI Number

59-3377951

Applied For

Not Applicable

Zip

34225

Country

USA

Zip

34236

Country

USA

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

SUSAN BARRETT HECKER

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

200 SOUTH ORANGE AVENUE

Suite, Apt. #, Etc.

City

SARASOTA

State

FL

Zip Code

34236

8. 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

REGISTERED AGENT MUST SIGN

Date

4-23-03

**9. 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
D	HANS P. PETERS	415 L'AMBIANCE, UNIT D905	LONGBOAT KEY, FL 34225
D	MONIKA PETERS	415 L'AMBIANCE, UNIT D905	LONGBOAT KEY, FL 34225

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05/07/03--01109--002 \*\*900.00

10. 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 #

4-23-03 (941) 383-4634

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