

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  
04 APR 19 AM 8:00

DOCUMENT # P96000041739

1. Corporation Name

CHRISTOPHER NICODEMUS, INC.

2. Principal Office Address

1740 LIGHTSEY RD

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. BOX 4050

Suite, Apt. #, etc.

City & State

ST. AUGUSTINE, FL

City & State

ST. AUGUSTINE, FL

Zip

32086

Country

ST. JOHNS

Zip

32084

Country

ST. JOHNS

**REINSTATEMENT**

03-04  
MRS

4. Date Incorporated or Qualified  
To Do Business in Florida

5/9/1996

5. FEI Number

59-3387381

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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

Name

CHARLES E. HALL, JR

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

77 ALMERIA STREET

Suite, Apt. #, Etc.

City

ST. AUGUSTINE

State

FL

Zip Code

32084

400033051544

04/19/04--01019--002 \*\*900 00

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

Date

4/14/04

REGISTERED AGENT MUST SIGN

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
PVST	CHRISTOPHER NICODEMUS	1740 LIGHTSEY RD	ST. AUGUSTINE, FL 32086

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 #

CR2E081 (01/04)