

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 APR 13 AM 9:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000026075

1. Corporation Name

NUZUM'S UNIVERSITY RENTAL, INC.

2. Principal Office Address

8760 Goodbys Cove Drive

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32217

Country

3. Mailing Office Address

8760 Goodbys Cove Drive

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32217

Country

4. Date Incorporated or Qualified

To Do Business in Florida 03/21/1997

5. FEI Number

59-3442103

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

KENT, FREDERICK H III

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

~~255 WATER STREET~~ 1200 Riverplace Bldg. ~~Suite 800~~

Suite, Apt. #, Etc.

~~Suite 800~~ Suite 800

City

JACKSONVILLE

State

FL

Zip Code

~~32202~~ 32207

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

x March 29, 2004

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
P/S/D	George C. Nuzum, Jr.	8760 Goodbys Cove Drive	Jacksonville, FL 32217

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/04

Date

(904) 733-5971

Daytime Phone #

CR2E081 (01/04)