

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 22 AM 10:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000038589**

1. Corporation Name

NASSAU TECHNICAL SALES (NTS), INC.

Principal Place of Business

Mailing Address

3199 LAKE WORTH RD
STE B3
LAKE WORTH FL 33461

~~15 LAWRENCE LK DR.~~ 3199 Lake Worth Rd.
~~BOYNTON BEACH FL 33436~~ Ste. B3
Lake Worth, FL 33461



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

3199 Lake Worth Rd.
B-3
Lake Worth FL
33461

4. Data Incorporated or Qualified
To Do Business in Florida

04/28/1997

5. FEI Number

Applied For

65-0753127

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	MEE, DOUGLAS	15 LAWRENCE LAKE DR	BOYNTON BEACH FL 33436
P	SMITH, DAVID	3079 MARINER WAY	LAKE WORTH FL 33462

10/28

000024021540
10/22/03--01062--004 **750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MEE, DOUGLAS
15 LAWRENCE LK DR.
BOYNTON BEACH FL 33436

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 10/16/2003

11. 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 #

10/16/03 954-465-4378

CR20040 (7/03)