

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

AND
FILED

98 NOV 19 PM 12:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000103131

1. Corporation Name

N.T.Z. NORTH AMERICA INC.

Principal Place of Business

Mailing Address

2572 SPREADING OAK LANE
JACKSONVILLE FL 32223

2572 SPREADING OAK LANE
JACKSONVILLE FL 32223

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

2. New Principal Office Address, If Applicable

8381 DIXIE LANE

Suite, Apt. #, etc.

SUITE 105

City & State

JACKSONVILLE, FL

Zip

32256

Country

FLORIDA

3. New Mailing Office Address, If Applicable

8381 DIXIE LANE

Suite, Apt. #, etc.

SUITE 105

City & State

JACKSONVILLE, Florida

Zip

32256

Country

FLORIDA

4. Date Incorporated or Qualified
To Do Business in Florida

12/08/1997

5. FEI Number

59-3457064

☒ Applied For

☐ 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	KIELY, EDWARD M	2572 SPREADING OAK LANE	JACKSONVILLE FL 32223
D	KRYANEKAS, EDWARD A	71 FLORIDA PARK DR 17 CORNING COURT	PALM COAST FL 32137

200002698568-1
-12/01/98--01028--022
****750.00 ****750.00

8. Name and Address of Current Registered Agent

KIELY
KIELY, EDWARD M
2572 SPREADING OAK LANE
JACKSONVILLE FL 32223

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

Edward M. Kiely **SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date 11-16-98

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:

Edward M. Kiely **SIGNATURE REQUIRED**
SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-16-98

Date

904-363-6378

Daytime Phone #

CR2040 (9/98)