

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

~~Katherine Harris~~
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 AUG 30 AM 10: 58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 98-02

DOCUMENT # P98000049416

1. Corporation Name

Naritezee, Inc.

2. Principal Office Address

26

Suite, Apt. #, etc.

City & State

Zip

Country

USA

3. Mailing Office Address

19433 38th Ct.

Suite, Apt. #, etc.

City & State

Sunny Isles Beach Fla

Zip

33160

Country

USA.

4. Date Incorporated or Qualified
To Do Business in Florida

6/11/1998

5. FEI Number

☒ 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

Drew Wolf

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

19433 38th Ct.

Suite, Apt. #, Etc.

City

Sunny Isles Beach

State

FL

Zip Code

33160

600007733866-7

-09/13/02--01047--008

***1200.00 ***1200.00

CR2E081 (9/01)

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

Drew Wolf

REGISTERED AGENT MUST SIGN

Date 8/30/02

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
President	Drew Wolf	19433 38 th Ct.	Sunny Isles Beach, Fla 33160
Vice Pres.	Katherine Wolf	19433 38 th Ct.	Sunny Isles Beach, Fla 33160
Sec. Treas.			

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:

Drew Wolf Drew Wolf

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

205-522-8145

Daytime Phone #