

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P98000077914**

1. Corporation Name

NADIA TELECOMMUNICATION INC.

Principal Place of Business

2103 CASSEA CIR AP M
 KISSIMMEE FL 34741

Mailing Address

2103 CASSEA CIR AP M
 KISSIMMEE FL 34741

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

FILED
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SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



4. Date Incorporated or Qualified To Do Business in Florida **09/02/1998**

5. FEI Number **59-3530983** 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	4 City / State / Zip
PD	DARRIEUTORT, NADEJDA S	2103 CASSEA CIR AP M	KISSIMMEE FL 34741
VD	DARRIEUTORT, MARCEL	2103 CASSEA CIR AP M	KISSIMMEE FL 34741

500003038635--8
 -11/08/99--01123--025
 ***150.00 ***150.00

8. Name and Address of Current Registered Agent

DARRIEUTORT, NADEJDA
 2103 CASSEA CIR AP M
 KISSIMMEE FL 34741

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 607.0605, F.S.

Signature of Registered Agent

N. Darrieutort
 REGISTERED AGENT MUST SIGN

Date **10/22/99**

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 furnished on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

N. Darrieutort
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **10/22/99** Daytime Phone # **407-9357036**

CR2204 (9/99)

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FROM: NADIA TELECOMMUNICATION INC.
2103 CASSEA CIR AP M
KISSIMMEE FL 34741

PLEASE WAIVE THE PENALTY THIS ONE TIME. THIS IS THE FIRST NOTICE I RECEIVE. WE HAVE HAD TROUBLE RECEIVING OUR MAIL AND WERE NOT AWARE OF THE MAY 1, 1999 DEADLINE. WE WON'T BE LATE IN THE FUTURE. I AM ENCLOSING A CHECK FOR \$150. PLEASE REINSTATE MY CORPORATION. WE ARE A SMALL BUSINESS AND CAN'T AFFORD THE PENALTY. WE HAD VERY LITTLE INCOME LAST YEAR.

THANK YOU

NADEJDA DARRIEUTORT PRESIDENT

x *N. Darrieutort*