

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 OCT 25 PM 4:25

DOCUMENT # P98000095763

1. Corporation Name

NEXSTAR FORMATIONS, INC.

Principal Place of Business

4100 W COMMERCIAL BLVD
TAMARAC FL 33319

Mailing Address

3226 NORTHWEST 116TH AVE.
CORAL SPRINGS FL 33065
SPRINGS

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

4. Date Incorporated or Qualified
To Do Business in Florida

11/13/1998

Suite, Apt. #, etc.

3226 NW 116 Avenue

Suite, Apt. #, etc.

City & State

City & State

Coral Springs, FL

Zip

33065

Country

U.S.A.

Zip

Country

5. FEI Number

650875913

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PTD	BURKE, CHRISTOPHER P	4100 W COMMERCIAL BLVD	TAMARAC FL 33319
VSD	LATORRE, JANE	4100 W COMMERCIAL BLVD	TAMARAC FL 33319

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name

Christopher P. Burke

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

3226 NW 116 Avenue

Suite, Apt. #, Etc.

City

Coral Springs, FL

State

FL

Zip Code

33065

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

Christopher P. Burke

REGISTERED AGENT MUST SIGN

Date 10/20/99

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

SIGNATURE:

Christopher P. Burke
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/20/99
Date

954-227-3399
Daytime Phone #