

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P98000099358

1. Corporation Name

NOMAD INVESTMENTS OF THE PALM BEACHES, INC.

2. Principal Office Address

4655 N. Ocean Avenue

Suite, Apt. #, etc.

City & State

Boynton Beach, FL

Zip 33435

Country USA

3. Mailing Office Address

4655 N. Ocean Avenue

Suite, Apt. #, etc.

City & State

Boynton Beach, FL

Zip 33435

Country USA

**REINSTATEMENT**

4. Date Incorporated or Qualified  
To Do Business in Florida

11/30/1998

5. FEI Number

65-1012159

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

Ronald R. Heavyside

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

4655 N. Ocean Avenue

Suite, Apt. #, Etc.

City

Boynton Beach

State

FL

Zip Code

33435

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

*Ronald R. Heavyside*

REGISTERED AGENT MUST SIGN

Date 10/7/03

**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
D/P/ V/S/T	Ronald R. Heavyside	4655 N. Ocean Avenue	Boynton Beach, FL 33435

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:

*Ronald R. Heavyside*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ronald R. Heavyside

Date

10/7/03

Daytime Phone #

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 OCT -8 PM 12:11  
02-03