

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **99000043977**

1. Corporation Name

NISUB INTERNATIONAL INC

2. Principal Office Address - No P.O. Box #

1135

3. Mailing Office Address

WEST ORANGE AVE

Suite, Apt. #, etc.

SUITE D & E

Suite, Apt. #, etc.

D & E

City & State

TALLAHASSEE

City & State

FL

Zip

32310

Country

US

Zip

Country

7. Name and Address of Current Registered Agent

Name

ANJOU PHLOMENA S

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

892 TAMARACK AVE

Suite, Apt. #, Etc.

City

TAL

State

FL

Zip Code

32303

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

12/29/2010

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
P	ANJOU, PHLOMENA S	892 Tamarack Ave	Tal FL 32303

REINSTATEMENT

EXAMINER

DEC 28 2010

S. HAWKES

10. E-mail Address: **NISUB2@YAHOO.COM**

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/29/2010

Daytime Phone #

FILED
10 DEC 29 2010
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900189098708
12/30/10--01002--002 **750.00

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

5-11-99

5. FEI Number

59-3581115

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**