

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2

APPLICATION FOR
~~REINSTATEMENT~~

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



FILED

00 NOV 22 AM 8:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000070674

1. Corporation Name

NATIONWIDE PROCESSING CENTER, INC.

Principal Place of Business

Mailing Address

3600 S. STATE ROAD 7, SUITE 334
MIRAMAR FL 33023

3600 S. STATE ROAD 7, SUITE 334
MIRAMAR FL 33023



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

08/09/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0943079

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
President	Patricia Alexander	17691 S.W. 4th St. Pembroke Park, FL 33024	
President	Patricia Alexander	17691 S.W. 4th St. Pembroke Park	Florida 33029

500003496705-4
-12/12/00--01034--014
****150.00 ****150.00

LS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ALEXANDER, PATRICIA
3600 S. STATE ROAD 7, SUITE 334
MIRAMAR FL 33023

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 607.0505, F.S.

Signature of
Registered Agent

Patricia Alexander
REGISTERED AGENT MUST SIGN

Date

10/31/00

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:

Patricia Alexander
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/31/00
Date

(941) 986-0026
Daytime Phone #

CR2EQ40 (8/00)

20f2

NATIONWIDE PROCESSING CENTER, INC.
3600 S. STATE ROAD 7 STE 334
MIRAMAR, FLORIDA 33023
(954) 986-0026
(954) 986-2505 FAX

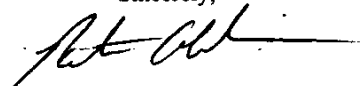
10/31/00

ATTN: DIVISIONS OF CORPORATION
RE: REINSTATEMENT

To Whom It May Concern:

I never received any mail prior to this one regarding reinstatement. There is sometimes mix up with the mail for the different suites, I don't know if someone else got the mail and did not return it. I am a new corporation and was not aware of the renewal period until I spoke with your examiner today, whom advised me to send a letter along with \$150.00 for review. Please advise me on your decision.

Sincerely,

A handwritten signature in black ink, appearing to be "John A. [unclear]", written over a horizontal line.