

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 21 AM 11:25

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
<b>P</b>	<b>ALEXANDER, PATRICIA</b>	<del><b>17601 S.W. 4TH COURT</b></del>	<del><b>PEMBROKE PINES FL 33029</b></del>
		<b>3260 SW 189 Ave.</b>	<b>Miramar, FL 33029</b>

**700023973167**  
**10/21/03--01080--019 \*\*750.00**

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Patricia Alexander*  
**SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date

**10/17/03**

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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**10/17/03 954 986-0026**

CR2E040 (7/03)