

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

00 OCT 16 PM 5:01

DOCUMENT # P99000075708

1. Corporation Name

NISRAK ENTERPRISES, INC.

Principal Place of Business

Mailing Address

4400 NW 25TH WAY
BOCA RATON FL 33434

4400 NW 25TH WAY
BOCA RATON FL 33434



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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/19/1999

5. FEI Number

65-0946880

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	KARSIN, JEFFREY M	4400 NW 25TH WAY	BOCA RATON FL 33434
STD	LATMAN, GARY	10260 BROOKVILLE LANE 4400 N.W 25TH WAY	BOCA RATON FL 33428 33434
			000003436420--8
			-10/24/00--01037--006
			*****750.00 *****750.00
			8/10/18

8. Name and Address of Current Registered Agent

KARSIN, JEFFREY M
4400 NW 25TH WAY
BOCA RATON FL 33434

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10/12/00

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 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 due 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JEFFREY M KARSIN - PRES 10/12/00 561 9893652
Date Daytime Phone #

CR2E040 (8/00)