

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 DEC 15 PM 2:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000093541

1. Corporation Name

NEXUS MARINE CORP.

Principal Place of Business

Mailing Address

1323 SOUTHEAST 17TH STREET
FORT LAUDERDALE FL 33316

1323 SOUTHEAST 17TH STREET
FORT LAUDERDALE FL 33316



REINSTATEMENT *Jo*

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

10/22/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 107

Suite 107

City & State

City & State

Zip

Country

Zip

Country

5. FEI Number

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	FINDER, ROBERT	1323 SOUTHEAST 17TH STREET	FORT LAUDERDALE FL 33316
ST	BARNETT, KEN	1323 SOUTHEAST 17TH STREET	FORT LAUDERDALE FL 33316

4000003514934-9
-12/27/00--01080--005
****758.75 ****758.75

LS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~FEINSTEIN, MICHAEL L
888 EAST LAS OLAS BOULEVARD
SUITE 710
FORT LAUDERDALE FL 33301~~

Name

Sherrie Simpson Esq.

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

2425 E. Commercial Blvd

Suite, Apt. #, Etc.

Suite 400

City

Ft. Lauderdale

State

FL

Zip Code

33308

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

[Signature]

REGISTERED AGENT MUST SIGN

Date *10/12/00*

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jeff Funder

Date

10/2/00

Daytime Phone #

(954) 295-4302