

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000093541

1. Corporation Name

Nexus Marine Corp.

2. Principal Office Address - No P.O. Box #
1323 SE 17th St.

3. Mailing Office Address
1323 SE 17th St.

Suite, Apt. #, etc.
Suite 207

Suite, Apt. #, etc.
Suite 207

City & State
Ft. Lauderdale, FL

City & State
Ft. Lauderdale, FL

Zip Country
33316 USA

Zip Country
33316 USA

7. Name and Address of Current Registered Agent

Name
Sherri Simpson ESQ

Street Address (P.O. Box Number is Not Acceptable)
33 NE 2nd St

Suite, Apt. #, etc.
Suite 208

City
Ft. Lauderdale,

State Zip Code
FL 33301

4. Date Incorporated or Qualified
To Do Business in Florida **10/22/1999**

5. FEI Number ☒ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$9.75 Additional Fee required
for a Certificate of Status

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

REGISTERED AGENT MUST SIGN

Date **9/26/07**

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
PD	Robert Finder	1323 SE 17th St. #207	Ft. Lauderdale, FL

10. 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 contained in Chapter 119, 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

9/19/07

Date

954-295-4302

Daytime Phone #

\$1658.75