

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS



FILED

98 MAR 11 AM 7:53

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **N96000000959**

1. Corporation Name
NEW ALTERNATIVES, INC.

Principal Place of Business 1680 NW 125 ST MIAMI FL 33181	Mailing Address 1680 NW 125 ST MIAMI FL 33181
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable Madison Building Suite, Apt. #, etc. 1005 NE 125th St, #212 City & State NORTH MIAMI, FL. Zip 33161 Country USA		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		4. Date Incorporated or Qualified To Do Business in Florida 02/23/1996	
				5. FEI Number 65-0677561 Applied For Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PTD	ENAHORO, VICTOR	301 S W 86 AVE	PEMBROKE PINES FL 33025
D	EJIKEME, ANENE	547 RIVERSIDE DR	NEW YORK NU 11027
VSD	ENAHORO, CHIDI	301 SW 86 AVE	PEMBROKE PINES FL 33025
			500002455905-1 -03/12/98-01109-007 ****312.50 ****312.50
REINSTATEMENT <u>97-98</u>			
<u>62 3-11-98</u>			

8. Name and Address of Current Registered Agent

ENAHORO, VICTOR
 1680 NW 125 ST
 MIAMI FL 33181

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

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 3/7/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No

(See other side for information on intangible tax.)

12. 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)(l), 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

3/7/98 (305) 710-2100
 Date Daytime Phone #

CPRE040 (8/97)