

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

112

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

05 NOV -3 AM 11:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000036393

1. Corporation Name

NIALA GROUP INC.

2. Principal Office Address

2256 NW 26 AVE

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

Zip

33142

Country

MIAMI-DADE

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

4/11/2000

5. FEI Number

65-0998332

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JORGE L. ANGEL

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

2443 W 73 PL

Suite, Apt. #, Etc.

City

HiALEAH, FL 33016

State

FL

Zip Code

33016

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

Date

10/28/05

REGISTERED AGENT MUST SIGN

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
DPST	JORGE L. ANGEL	2443 W 73 PL	HiALEAH, FL 33016

700061451587
11/19/05--01079--004 **300.00

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 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

Date

10/28/05 (305) 443-2833

Daytime Phone #

K. Eichel NOV - 3 2005

CR2E081 (01/05)

NIALA GROUP INC.
2256 NW 26 AVE
MIAMI, FL, 33142

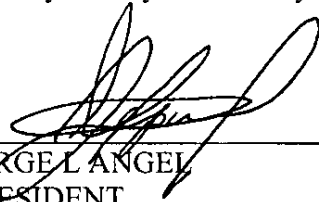
2/2

TO:
DIVISION OF CORPORATIONS
P.O.BOX 6327
TALLAHASSEE, FL 32314

Per instructions from the Division of Corporations, I am attaching a Check in the amount of \$300.00 for the annual report fee with my application.

We did not receive the U.B.R. for the years 2004,2005 or any other notice from the Division of Corporations in respect with the Corporation, NIALA GROUP INC.

Thank you for your courtesy in this matter.



JORGE L. ANGEL
PRESIDENT