APPROVED AND FILED

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

05 NOV -3 AM 11:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000036393

1. Corporation Name

NIALA GROUP INC.

REINSTATEMENT 04-05

2. Principal Office Address	**3.** Mailing Office Address
2256 NW 26 AVE	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FL	City & State
Zip: 33142 Country: MIAMI-DADE	Zip Country

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

CR2E081 (01/05)

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 11/15/05--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: _____ 10/28/05 (305) 443-2833

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

K. Eckel NOV - 3 2005

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

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