

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

03 OCT 10 AM 8:29

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P02000064398**

1. Corporation Name

MISHUA INDUSTRIES INC.

Principal Place of Business

1355 BENNETT DRIVE
 UNIT 253
 LONGWOOD FL 32750

Mailing Address

1355 BENNETT DRIVE
 UNIT 253
 LONGWOOD FL 32750

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

1355 BENNETT DR.
 Suite, Apt. #, etc.
UNIT 253

City & State

LONGWOOD FL. 32750

Zip

Country

USA

3. New Mailing Office Address, If Applicable

1355 BENNETT DR.
 Suite, Apt. #, etc.
UNIT 253

City & State

LONGWOOD FL. 32750

Zip

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

06/11/2002

5. FEI Number

35-2033314

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
M	MICHAEL NICHOLAS	1355 Bennett Dr. (Unit 253)	Longwood, FL 32746

700023710147
 10/10/03--01064---001 **150.00

8. Name and Address of Current Registered Agent

NICHOLAS, MICHAEL
1355 BENNETT DRIVE
UNIT 253
LONGWOOD FL 32750

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. or 617.0505, F.S.

Signature of Registered Agent

SIGNATURE REQUIRED
 REGISTERED AGENT MUST SIGN

Date **10/9/03**

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.

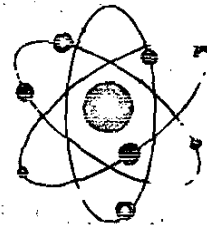
SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/9/03 Date **407-831-0787** Daytime Phone #

CR2E040 (7/03)

Mishua Industries Inc.



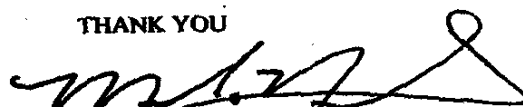
ALL PRODUCTS MADE IN THE U.S.A. KEEPING AMERICA CLEAN AND SAFE
PROUD TO BE SERVICE DISABLED VETERAN OWNED

OCTOBER 9, 2003

TO WHOM IT MAY CONCERN:

OUR COMPANY RECENTLY RECEIVED A NOTICE OF DISSOLUTION FROM THE FLORIDA DEPARTMENT OF STATE. WE UNDERSTAND THAT COMPLIANCE WITH THE ANNUAL UNIFORM BUSINESS REPORT IS ESSENTIAL TO MAINTAIN OUR CORPORATE STATUS WITH THE DIVISION. AS OF TODAY'S DATE WE ARE NOT IN RECEIPT OF THE ORIGINAL UNIFORM BUSINESS REPORT FORM FOR 2003. CURRENTLY WE ARE HAVING PROBLEMS WITH OUR MAIL IN ROUTE TO US FROM THE UNITED STATES POST OFFICE IN LONGWOOD, FL. PLEASE FEEL FREE TO CONTACT USPS FOR CONFIRMATION OF THIS STATEMENT. WE SINCERELY APOLOGIZE FOR THE DELAYED PROCEDURES IN PROCESSING AND WOULD ASK THAT THE DIVISION OF CORPORATIONS REINSTATE OUR CORPORATION.

THANK YOU



MICHAEL NICHOLAS

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes; that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11, changed, or on an alternate page.

155 BENNETT DRIVE (UNIT 23) LONGWOOD, FL 32750 407.831.0787

SIGNATURE

SIGNATURE REQUIRED