

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 JUL 24 AM 9: 51

STATE
FLORIDA

DOCUMENT # P04000118120

1. Corporation Name

NINA'S MIDEASTERN EXCHANGE DANCE, INC.

REINSTATEMENT 0507

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box # **7678 HIGH PINE ROAD**

3. Mailing Office Address **7678 HIGH PINE ROAD**

Suite, Apt. #, etc.

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City & State
ORLANDO, FLORIDA

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ORLANDO, FLORIDA

Zip **32819** Country **ORANGE**

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4. Date Incorporated or Qualified To Do Business in Florida **08/13/2004**

5. FEI Number **90-0199318**

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 **ALL ABOUT FINANCE AND MORE, LLC**

Street Address (P.O. Box Number is Not Acceptable) **1633 E. VINE ST.**

Suite, Apt. #, Etc. **SUITE 216**

City **KISSIMMEE**

State **FL** Zip Code **34744**

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

Date **JULY 20, 2007**

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
P,D,S	NAJIA LAHSINI	7678 HIGH PINE RD.	ORLANDO, FL 32819

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07/24/07--01031--020 **458.75

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

07-20-07 (407)383-5430

Date

Daytime Phone #