

APPLICATION FOR REINSTATEMENT



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

DOCUMENT #

P95 0000 740 90

1. Corporation Name

Neder & Neder, Inc.

FILED

97 MAY 21 AM 8:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

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

REINSTATEMENT 910-97

2. New Principal Office Address, if Applicable

3886 Calibre Bend Lane

Suite, Apt. #, etc.
#809

City & State
Winterpark, Florida

Zip
32792

Country
U.S.A.

3. New Mailing Office Address, if Applicable

3886 Calibre Bend Lane

Suite, Apt. #, etc.
#809

City & State
Winterpark, Florida

Zip
32792

Country
U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida

09/26/95

5. FEI Number

65-0612306

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

See 79 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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
DP	Luiz De Minas	3886 Calibre Bend Lane #809	Winterpark, FL. 32792
SD	Norma S. Stolet	3886 Calibre Bend Lane #809	Winterpark, Fl. 32792

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-05/28/97--01013--013
****915.00 ****915.00

05/21/97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name
Eduardo Fernandez
Street Address (P.O. Box Number is Not Acceptable)
501 Brickell Key Drive
Suite, Apt. #, Etc.
Suite 400
City
Miami, State **FL** Zip Code **33131**

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

REGISTERED AGENT MUST SIGN

Date

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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

Daytime Phone #

CP-1000 (REV. 9/95)