

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT



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

FILED

96 DEC -3 AM 7:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000085872

1. Corporation Name

NANA'S INTERNATIONAL CREATIONS, INC.

Principal Place of Business

Mailing Address

7954 SW 8 STREET
MIAMI FL 33145

7954 SW 8 STREET
MIAMI FL 33145



REINSTATEMENT *96*

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		11/08/1995	
City & State		City & State		5. FEI Number	
Zip		Country		65-06 22303	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				Applied For	
				Not Applicable	
78.75, 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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PSD	CERVERA, ANTONIO J	2810 SW 108 PLACE	MIAMI FL 33165
VD	CERVERA, JOSE R	2810 SW 108 PLACE	MIAMI FL 33165

000002022740--1
-12/06/96--01096--021
****375.00 ****375.00

ABD-3-96

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
CERVERA, ANTONIO J 7954 SW 8 STREET MIAMI FL 33145		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State FL

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

[Signature]

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 09/18/96

11. 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.)

12. 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)(l), 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

Antonio J. Cervera

09/18/96 305/266-2988

Date Daytime Phone #