


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT			FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 248489				
1. Corporation Name NATIONAL BONDED WAREHOUSE, INC				
2. Principal Office Address 11900 BISCAYNE BLVD		3. Mailing Office Address		
Suite, Apt. #, etc. 288		Suite, Apt. #, etc.		
City & State N. MIAMI FL		City & State		
Zip 33181	Country USA	Zip	Country	

FILED
06 SEP 21 AM 11:00
RECEIVED
SEP 21 2006

REINSTATEMENT 104-06

4. Date Incorporated or Qualified To Do Business in Florida 06/16/1961	
5. FEI Number 59-0935673	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name BENNETT G. FELDMAN		
Street Address (P.O. Box Number is Not Acceptable) 2655 LEJEUNE RD		
Suite, Apt. #, Etc. STE 514		
City CORAL GABLES	State FL	Zip Code 33134

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

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
PD	ZAKAY SASSON	16495 NE 32ND AVE	N. MIAMI BEACH FL 33160
S-ND	EZRA SASSON	373 CENTER ISLAND	N. MIAMI BEACH FL 33160

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

Date

Daytime Phone #

B. Mitchell SEP 21 2006

BENNETT G. FELDMAN

Attorney at Law

2655 Lejeune Road

Suite 508

Coral Gables, Florida 33134

Telephone (305) 445-9909 Fax (305)461-5088

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September 20, 2006

Division of Corporations
P.O. Box 6327
Tallahassee FL 32314

NAME OF CORPORATION

NATIONAL BONDED WAREHOUSE, INC.

DOCUMENT NUMBER

248489

Enclosed please find the application for reinstatement for the above coproation with my trust account check in the amount of \$450.00.

My client sold the property that was listed as the principal office and did not receive the annual report notice in the year of dissolution. It is respectfully requested that the \$600 reinstatement fee be waived.

Also enclosed is an amendment to the Articles of Incorporation to be filed after the reinstatement. Thank you for your help.

Please return all correspondence concerning this mater to the following:

Bennett G. Feldman
2655 Lejeune Road
Suite 514
Coral Gables FL 33134

For further information concerning this matter, please call:

Bennett G. Feldman at 305-445-9909

email benfeld@bellsouth.net

Very truly yours


BENNETT G. FELDMAN