

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

APPROVED AND FILED

1997 JUL 28 AM 8:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 573614

1. Corporation Name NIABCO - FLORIDA INC.

Principal Place of Business: 1864 OAK FOREST DRIVE WEST CLEARWATER FLORIDA 33519

Mailing Address: P.O. Box 1368 SAFETY HARBOR FLORIDA 34195

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

Suite, Apt. #, etc.

City & State

Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 5-25-78

5. FEI Number 16-1119575

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	
PRES	WARNER G. MARTIN	741 HIDE A WAY BAY DR.	LONGBOAT KEY FL 34228
Treas	KENNEDY P. MARTIN	7225 TRILIA LANE	BOSTON N.Y. 14025
Sec'y	SHIRLEY J MARTIN	741 HIDE A WAY BAY DR.	LONGBOAT KEY FL. 34228

REINSTATEMENT

8. Name and Address of Current Registered Agent

UNKNOWN

9. Name and Address of New Registered Agent

Name: WARNER G. MARTIN

Street Address (P.O. Box Number is Not Acceptable): 741 HIDE-A-WAY BAY DRIVE

Suite, Apt. #, Etc.

City: LONGBOAT KEY State: FL Zip Code: 34228

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: *Warner G. Martin, Pres.* Date: 7/16/97

REGISTERED AGENT MUST SIGN

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)(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: *Kennedy P. Martin*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: KENNEDY P. MARTIN TREASURER

200002255372-9
-08/01/97-01098-001
7/18/97 (716) 662-2583

Date: 7/18/97 Daytime Phone #: (716) 662-2583

CR2040 (12/96)