## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| FLORIDA DEPARTMENT OF STATE Secretary of State DONOLMENT # j12963 1. Corporation Name  N&E Equity, Inc.  3. Mailing Office Address 13282 SW 114th Ter 13282 SW 114th Ter 2018. Act #, etc.  3. Mailing Office Address 13282 SW 114th Ter 3. Mailing Office Address 14. Lose Incorporated of Central Sy 1/5/86  4. Contract Registrated of Central Sy 1/5/86  5. SECTION OF Contract Office Sy 1/5/86  6. SECTION OF SY 1/5/86  6. SEC |  |                                      |                           |  |                                      |                              |                                    |                                   | -  |                             |                          |                 |  |
|--|--|--------------------------------------|---------------------------|--|--------------------------------------|------------------------------|------------------------------------|-----------------------------------|--|-----------------------------|--------------------------|-----------------|--|
| N&E Equity, Inc.  2 Principal Office Address 1 3282 SW 114th Ter 13282 SW 114th Ter 3282 SW 114th Ter  | CORPORATION                            |                                      |                           |  | Secretary of State                   |                              |                                    |                                   | SCORETARY OF STATE<br>- VISION OF CORPORATIONS |                             |                          |                 |  |
| 2. Principles Offices Addresses 13282 SW 114th Ter 14282 SW 114th Ter  |  |                                      | Г# j1                     | 2963                                     |                                      |                              |                                    |                                   |  |                             |                          |                 |  |
| 2 Principal Offices Addresses 13282 SW 114th Ter 13 | N&E Equity, Inc.                       |                                      |                           |  |                                      |                              |                                    |                                   |  |                             |                          |                 |  |
| Suite. Apt. F. etc.  Suite. Ap |  |                                      |                           |  |                                      |                              |                                    |                                   | 9<br>02/2                                      | 10 <b>006</b> 6<br>17060101 | :252809<br> 5802 **1     | a<br>058.75     |  |
| The State Miami, Florida  City & State Miami, Florida  33186  City & State Miami, Florida  33186  City & State Miami, Florida  6. Engine To State Miami, Florida  7. Name and Address of Current Registered Agent  Harold J. Turk  2014 Alfa Brown and City City  12th Floor  Coral Gables  8. I. being appointed the registered Agent Miamin and Address of Current Registered Agent Miamin and City City  Signature of Registered Agent Miamin and City City  Registered Agent Miamin and City City State / 23/06  State Miamin Agent Miamin and City City State / 23/06  State Miamin Agent Mi | 13282 SW 114th Ter 3. Melling Of 13282 |                                      |                           |  |                                      |                              | 2 SW 114th Ter                     |                                   |  | CR2E0                       | 81 (12/05)               |                 |  |
| Milami, Florida    City & State   City & City & State   City & Sta | Suite, Apt. #, etc. Suite, Apt. #,     |                                      |                           |  |                                      | etc.                         |                                    |                                   | 4. Date incom                                  | orated or Qualified,        | VE 10.0                  |                 |  |
| 33186 USA  33186 USA  33186 USA  33186 USA  6 CERTIFICATE OF STATUS DESIRED.  7. Name and Address of Current Registered Agent  Transport of the Registered Agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.  State of Transport of the Registered Agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.  Synature of Registered Agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.  Registered Addresses of Each Officer and/or Director (Fiorida nonprofit corporations must list at least 3 directors)  Name of Officers and/or Directors  Officers and/or Directors  DST Harold Turk  201 Alhambra Circle-12  Coral Gables, FI. 33145  fl.  ST Errol Eisinger  13282 SW 114 Ter Miami, Florida 33186  P Norman M. Nierenberg 12000 SW 88th Ave. Miami, Florida 33176  10. Lowelly that Lem an officer or director or the receiver or trustes empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling the reinstatement application, the reson of director in the corporation has been paid and the ransport of industry or a provided for in chapter 607 or 617, F.S. I further certify that when filling the reinstatement application, the reson of director in the corporation has been paid and the ransport of industry or or the receiver or the same legal effect as if made under cert.  SIGNATURE: Walk Law   |  |                                      |                           |  |                                      | · <b></b>                    |                                    |                                   | <del>-</del>                                   |                             |                          | offed Cor       |  |
| 7. Name and Address of Current Registered Agent    Parallel J. Turk  |  |                                      |                           |  | <u> </u>                             | T -                          |                                    | 592/29586 Not Applicable          |  |                             | -                        |                 |  |
| Hard rold J. Turk  20 1dd Am Broad Circle  20 1dd Am Broad  20  | 3318                                   | 86 USA 33                            |                           |  | 33186                                | 3                            | USA                                |                                   | G. CERTIFICATE                                 | OF STATUS DESIRE            |                          |                 |  |
| 201 did a find a |  |                                      |                           |  |                                      |                              |                                    |                                   |  |                             |                          |                 |  |
| Total Gables  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 Registered Agent Must StiGN  9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Titles Officer and/or Directors Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  DST Harold Turk 201 Alhambra Circle-12 Coral Gables, FI. 33145  fil.  ST Errol Eisinger 13282 SW 114 Ter Miami, Florida 33186  P Norman M. Nierenberg 12000 SW 88th Ave. Miami, Florida 33176  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 filling this reinstatement application, the rescent for direction has been eight and the names of individuals tisted on this form do not qualify for an exemption contained in Chapter 19, F.S. The information on this application is true faily accurage. From Eisinger 193/64 786-205-9842   |  |                                      |                           |  |                                      |                              |                                    |                                   |  |                             |                          | 106             |  |
| State   State  |  | 201 AIRAMBTA CIRCIE DEINSTATEMENT OF |                           |  |                                      |                              |                                    |                                   |  |                             |                          | 1               |  |
| 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  |  | ትշናក Floor                           |                           |  |                                      |                              |                                    |                                   | AND THE PARTY OF                               | IN P PERMA                  |                          | a agram (P v sl |  |
| Signature of Registered Agent  |  | Coral Gables                         |                           |  |                                      |                              |                                    |                                   |  | FL 331                      | <b>1</b> 45              |                 |  |
| 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  | 8. I, being                            | appointed th                         | e register                | ed agent of the above                    | ve named corpo                       | ration, am t                 | familiar with and                  | accept the o                      | bligations of secti                            | on 607.0505 or 617          | .0503, F.S.              |                 |  |
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| Titles Officers and/or Directors Street Address of Each Officer and/or Director Officer Officer and/or Director Officer Office | 0. 11                                  |                                      | 44                        |  |                                      |                              |                                    |                                   |  |                             |                          |                 |  |
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| SIGNATURE.   | this rei<br>owed t                     | instatement a<br>by the corpor       | pplication,<br>ation have | the reason for diss<br>been paid and the | olution has been<br>names of individ | eliminated<br>tuals listed o | l, the corporate on this form do i | name satisfier<br>not qualify for | the requirements<br>an exemption con           | of section 607.040          | 1 or 617.0401, F.S., the | at ail fees     |  |
| SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  | SIGNA                                  | TURE:                                | CO                        | USLING!                                  | 2<br>INTED NAME OF                   |                              |                                    |                                   | 16   | 23 (66                      | 786-205-                 | 9842            |  |