

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JAN 27 AM 9:28

DOCUMENT # j12963

1. Corporation Name

N&E Equity, Inc.

2. Principal Office Address

13282 SW 114th Ter

3. Mailing Office Address

13282 SW 114th Ter

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33186

Country

USA

Zip

33186

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5/15/86

5. FEI Number

592729586

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Harold J. Turk

Street Address (P.O. Box Number is Not Acceptable)

201 Alhambra Circle

Suite, Apt. #, Etc.

12th Floor

City

Coral Gables

State

FL

Zip Code

33145

REINSTATEMENT

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

Harold Turk

REGISTERED AGENT MUST SIGN

Date 1/23/06

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
DST	Harold Turk	201 Alhambra Circle-12	Coral Gables, Fl. 33145
		fl.	
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 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:

Errol Eisinger

Errol Eisinger

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/23/06

786-205-9842

Daytime Phone #

M. Williams JAN 27 2006