PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT					DEPARTMENT OF STATE Katherine Harris Secretary of State ISION OF CORPORATIONS			5000050736854 -03/08/0201065026 ***1808.75 ***1808.75			
DOCUMENT # K88791 1. Corporation Name NES CORPORATION									SECRETARY OF TALLAHASSEE:]] 	
				ffice Address Avondale Ave.					STATE	964	
Suite, Apt. #, etc. Suite, Apt. #,							4. Date Incorporated or Qualified To Do Business in Florida 05/17/1989				
• • • • •			City & State Chicago	City & State Chicago IL			5. FEI Number Applied For				
Zip		Country	Zip		Country		6			Not Applicable	
60631		USA	60631		USA		CERTIFICATE	OF STATUS DESIR	for a Ce	litional Fee required ertificate of Status	
	7. Name and Address of Current Registered Agent Name										
Name Albert Xiques Street Address (P.O. Box Number is Not Acceptable) 1000 Brickell Avenue Suite, Apt. #, Etc. Suite 660 City Miami 8. I, being appointed the registered again 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 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			
President	esidentBernard E. Sendlin			6625 N. Avondale Ave.				Chicago	IL	60631	
Secretary	Gavriel Mairone			6625 N. Avondale Ave.				Chicago	<u>IL</u>	60631	
Treas.	Bernard E. Sendlin			6625 N. Avondale Ave.				Chicago	<u> </u>	60631	
Director	Bernard E. Sendlin			6625 N. Avondale Ave.				Chicago	IL	60631	
Director	Gavriel Mairone			6625 N. Avondale Ave.				Chicago	<u>IL</u>	60631	
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 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Daylime Phone #											