

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 JAN 22 PM 1:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # *L 79722*

1. Corporation Name

NITCH INC.

2. Principal Office Address

4740 NW 167th St

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33014

Country

USA

3. Mailing Office Address

3650 Washington Lane

Suite, Apt. #, etc.

City & State

Cooper City FL

Zip

33026

Country

USA

REINSTATEMENT *02-04*

900027403319

01/22/04--01021--D20. ***458.75-

4. Date Incorporated or Qualified To Do Business in Florida

1990

5. FEI Number

65 0208658

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Nancy Greenberg

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

3650 Washington Lane

Suite, Apt. #, Etc.

City

Cooper City

State
FL

Zip Code

33026

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

Nancy Greenberg

REGISTERED AGENT MUST SIGN

Date

1-9-04

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
<i>P/D</i>	<i>Nancy Greenberg</i>	<i>3650 Washington Lane</i>	<i>Cooper City, FL 33026</i>
<i>S/T/D</i>	<i>Arnold Greenberg</i>	<i>3650 Washington Lane</i>	<i>Cooper City, FL 33026</i>

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:

Nancy Greenberg NANCY GREENBERG

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-04

Date

305-685-7551

Daytime Phone #

CR2E081 (10/02)



New York Deli

4740 N W 167 ST
Miami, FL 33014

Phone: 305 625-7551
Fax: 305 625-5971

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

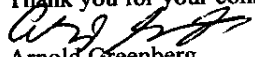
To Whom it may concern:

I recently discovered that my corporation had lapsed due to the fact that I never received the application for renewal. The reason for this is that I moved and the application was never forwarded to the new address. Please note the new address for registered agent appears on the new application. I am therefore asking for a waiver of the re-instatement fee.

Enclosed please find the application for corporation re-instatement in a check with the amount of \$458.75. This check covers filing fees for 2002, 2003, 2004 and a new certificate of status.

Please contact me if there are any problems regarding the above.

Thank you for your consideration,


Arnold Greenberg
Nitch, Inc.
3650 Washington Lane
Cooper City, FL 33026