

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M28256

1. Corporation Name

NADER, INC.

Principal Place of Business	Mailing Address
C/O NADER SOLIMAN 3764 N.E. 12TH AVE. OAKLAND PARK FL 33334	C/O NADER SOLIMAN 3764 N.E. 12TH AVE. OAKLAND PARK FL 33334

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	4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	03/04/1986	
City & State	City & State	5. FEI Number	
Zip	Country	59-2646499	Applied For
	Zip	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
	Country	\$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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	SOLIMAN, NADER	3764 N.E. 12TH AVE.	OAKLAND PARK FL

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent		
SOLIMAN, NADER 3764 N.E. 12TH AVE. OAKLAND PARK FL 33334	Name		
	Street Address (P.O. Box Number is Not Acceptable)		
	Suite, Apt. #, Etc.		
	City	State	Zip Code

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of
Registered Agent REINSTATEMENT REQUIRED
REGISTERED AGENT MUST SIGN

Date 12/27/2002

11. 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: NADER, INC. 12/27/2002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

December 27, 2002

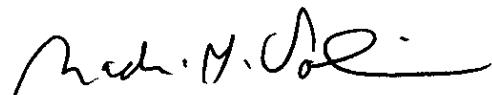
ATTN: MICHELLE MILLIGAN
Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, FL 32314/6327

Document No.: M28256

To Whom It May Concern,

Enclosed with this letter is a reinstatement application for my corporation, Nader, Inc. I had retained service from my CPA to file the application for my corporation so it would be on time. I recently discovered that he had moved and left no forwarding address. I was very ill and under my doctor's supervision, I have diabetes and high cholesterol. I am still under my doctor's supervision. I have been in business for many years and in good standing. Please accept my apologies for the misfortune circumstances and I've also enclosed a check for \$150.00 for filing. Thank you very much for your understanding.

Sincerely yours,



Nader Soliman