

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 SEP 29 PM 1:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N96000000959

1. Corporation Name

NEW ALTERNATIVES, INC

2. Principal Office Address

12289 PEMBROKE RD.

Suite, Apt. #, etc.

134

City & State

PEMBROKE PINES, FL

Zip

33025

Country

BROWARD

3. Mailing Office Address

12289 PEMBROKE RD

Suite, Apt. #, etc.

134

City & State

PEMBROKE PINES, FL

Zip

33025

Country

BROWARD

500041439185
09/29/04--01022--001 **297.50

REINSTATEMENT 03-04

4. Date Incorporated or Qualified
To Do Business in Florida

2/26/96

5. FEI Number

65-0677561

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

Some additional fees charged
for a Certificate of Status.

7. Name and Address of Current Registered Agent

Name

CHIDI ENAHORO

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

3130 SW 194th TERRACE

Suite, Apt. #, Etc.

City

MIRAMAR

State

FL

Zip Code

33029

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

9/24/04

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
<u>P/D</u>	<u>CHIDI ENAHORO</u>	<u>3130 SW 194th Terr.</u>	<u>MIRAMAR, FL 33029</u>
<u>VP/D</u>	<u>VICTOR ENAHORO</u>	<u>3130 SW 194th Terr.</u>	<u>MIRAMAR, FL 33029</u>
<u>D</u>	<u>GLORIA ASIKA</u>	<u>4 PARK RD</u>	<u>DNITSHA, NIGERIA</u>

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/24/04

Date

Daytime Phone #

954-394-6633

CR2E081 (01/04)

NEW ALTERNATIVES, INC. NAI

A Non-Profit Organization Servicing Humanity

NAI CENTER
1075 NE 125 ST
N. Miami, FL 33161
Tel: 305-893-7708
Fax: 305-893-3634
E-Mail: newalternativesi@aol.com
September 24th, 2004

Ticket
Work

Reinstatement request for New Alternatives, Inc

Dear Sir/Madam:

I am writing to request a reinstatement of New Alternatives, Inc. We had moved out of our previous office location and neglected to provide the State with a forwarding address and therefore did not receive a notification for annual report.

The company (like most) has been undergoing some financial difficulties and had not been on top of all requirements. I have filled out the corporate report form and enclose the required fees and penalties.

Enc: Money order # 79659610767 for \$297.50

Corporation Reinstatement Form

Thank you,

Chidi Enahoro



President