PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000006150

1. Corporation Name NIA Group Inc.

REINSTATEMENT 99-00

2. Principal Office Address	3. Mailing Office Address
17100 NE 19th Avenue	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: North Miami Beach, FL	City & State
Zip: 33162 Country: USA	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 650712638 ☐ 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: Mark Jackson

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****306.25 ****306.25

Street Address (P.O. Box Number is Not Acceptable): 17100 NE 19th Avenue

Suite, Apt. #, Etc.

City: North Miami Beach | State: FL | Zip Code: 33162

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: X _____ REGISTERED AGENT MUST SIGN

Date: 7/10/00

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
Chair DIR	Mark Jackson	921 NE 182nd Terrace	N. Miami Beach, FL 33162
VChair DIR	Claudia Johns	530 NW 152nd Street	N Miami, FL 33169
Sec DIR	LaVerne Stephens	5314 NW 25th Street	Ft Lauderdale, FL 33313
Treas DIR	Milton Vickers	4343 W Flagler St, Ste 210	Miami, FL 33134

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: X Claudia Jackson Claudia Jackson 7/10/00 305 940-4888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #