PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM PAGE TO THE

	RPORATION ISTATEMENT	Secreta	ARTMENT OF STATE of State F CORPORATIONS	ΤE	FILED 06 APR 17 Z	IO- <i>1</i> , 1	
DOCUMENT # N 980000 4899							
1. Corporation Name							
GREATER MIAMI CHAPTER OF NIGP, INC.							
				1	DODO73755 /02/0601063005	610 ***102 75	
2. Principa	al Office Address	3. Mailing Office Add	dress Q I	00%	/UZ/06==01065==00.	) ***100.10	
776	ONE 125" 34.	776 NE	表。公里	•	CR2E081 (12/05)		
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.	51-2		orporated or Qualified	1/02	
City & State	.0 } LOOK	City & State	7 CLOK		isiness in Florida 8	4/48	
Non	orth Miami, of Nort		iami, FL	5. FEI Numb	2124848	Applied For Not Applicable	
33	161 USA	33161	USA	6. CERTIFICA		Additional Fee required a Certificate of Status	
7. Name and Address of Current Registered Agent							
	Name FALESTRA. DEBBIE BY 4/9/14						
	Street Address (P.O. Box Number is Not Acceptable)						
	776 N.E. 125 J. REMAIN 04-06						
	Suite, Apt. #, Etc. 3RD FLOOR						
	North Miami State Zip Code 33161						
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 Date 4.14-06  REGISTERED AGENT MUST SIGN							
	9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at le				City / State /		
Titles	Officers and/or Directors		Officer and/or Director		City / State /	Zip	
PD	BLAINE, TO	MIL	IIIN.W. 15 St, BAFL.		. MiAmi, FL	MiAmi, FL 33/28	
VD	FALESTRA, DE	EBBIE 77	776 NE 125 St.		N. MiAmi, F	N. MiAmi, FL 33161	
SD	SUAREZ, MAR	ITZA 44	444 Sw2 Ave, 6th Pc		MiAmi, St	MiAmi, FL 33130	
TD	LUCAS, NIRHM	ALA 93	000 NW 41	<u> </u>	MIAMI, FL	33178	
	-				-		
						- 51	
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 contained in Chapter 119, 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 STALLESTER 4-14-06 895-9886							
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Date							



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## Greater Miami Chapter of NIGPInc.

Chartered in 1987

April 14, 2006

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

Re: Document # N98000004899

Dear Sirs:

Please accept this letter as formal notification that our corporation has not received the annual report notices for 2004, 2005 or 2006. Therefore, we are kindly requesting by way of this letter, that the reinstatement fee of \$175.00 be waived.

Thank you very much for your consideration in this matter.

Respectfully,

Debbie Falestra, CPPO, CPPB

Vice-President