

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

182

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 SEP 25 AM 8:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000011570

1. Corporation Name

NOSO GROUP INTERNATIONAL, INC

100008050011--8
-09/26/02--01038--005
****300.00 ****300.00

2. Principal Office Address

6701 NW 84th Ave

Suite, Apt. #, etc.

3. Mailing Office Address

6701 NW 84th Ave

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33166

Country

USA

Zip

33166

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

2/2/2000

5. FEI Number

65-0996059

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

MANUEL PEREZ

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

3765 ALCANTARA AVE.

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33178

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

Manuel Perez

REGISTERED AGENT MUST SIGN

Date 9/10/02

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
PD	MARIA BOCCALUORO	4720 NW 14th Ave # 104	MIAMI FL 33178

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:

Maria Boccaloro
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/14/02

Daytime Phone #

(202) 302-4700

CR2E081 (8/01)

222



September 16, 2002

Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee FL 32399

RE: Corporation Reinstatement

Dear Sir/Madam,

As the Acting Managing Director of NODO GROUP INTERNATIONAL, INC. (P00000011570), I am sending the attached form to request reinstatement. I am additionally requesting a waiver on the corresponding penalties. I talked to your office and explained that we had not received any of the correspondence regarding the filing of the Annual Report and fees. They told me to so send the attached form with this explanation and payment if \$300 to reinstate NODO GROUP INTERNATIONAL, INC.

Please find the Corporate Reinstatement form and check enclosed. Please note also that NODO GROUP INTERNATIONAL, INC's correct address is: 6701 NW 84th Ave. Miami FL 33166.

Sincerely,

Maria Boccalandro
Acting Managing Director