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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

03 MAY -6 AM 8:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P0000031683

1. Corporation Name

NSMV CONSULTING, INC.

2001-2003
M.B.R.

900018312639
05/06/03--01124--010 **450.00

2. Principal Office Address

101 CRANDON BLVD.

3. Mailing Office Address

101 CRANDON BLVD.

Suite, Apt. #, etc.

471

Suite, Apt. #, etc.

471

City & State

KEY BISCAYNE

City & State

KEY BISCAYNE

Zip

FL

Country

33149

Zip

FL

Country

33149

4. Date Incorporated or Qualified
To Do Business in Florida

03/29/2000

5. FEI Number

65-0994846

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

0103

7. Name and Address of Current Registered Agent

Name

NADIM SALEEBY

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

101 CRANDON BLVD.

Suite, Apt. #, Etc.

#471

City

KEY BISCAYNE

State

FL

Zip Code

33149

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

REGISTERED AGENT MUST SIGN

Date 04/28/2003

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
P/S	MARGARITA VELILLA	101 CRANDON BLVD., #471	KEY BISCAYNE, FL 33149
VP/T	NADIM SALEEBY	101 CRANDON BLVD., #471	KEY BISCAYNE, FL 33149

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:

Nadim Saleeby

04/28/2003 (305) 379-2661

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

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NSMV Consulting, Inc.
101 Crandon Blvd. #471
Key Biscayne, FL 33149

April 26, 2003

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

Re: Annual Report NSMV Consulting Inc

Dear Sir or Madam:

I have been informed by a financial institution that the above mentioned company has been dissolved for not filing. Further research revealed that the mailing address on record is incorrect, and as a registered agent, I have not been contacted for clarification.

The correct address is reflected on the attached UBR form. I am enclosing a check in the amount of US\$450.00 to cover the fees for previous years as well as 2003. Please note that the company has filed all its corporate and state taxes on a timely manner. I would appreciate your help in solving this matter.

If you have any questions, please contact me at (305) 379-2661.

Thank you,



Nadim Saleeby
Vice-President