## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

W.	1
CORPORATION REINSTATEMENT	



## FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P00000099290

1. Corporation Name

NOINK HAININGS THRESTMENT

FILED 02 NOV 25 PM 12: 30 SECRETARY OF STATE TALLAHASSEE, FLORIDA

	NON F	JULUINGS I	INVES!	MEN	1) WKr.					
				3. Mailing Office Address 7951 SW 40TH ST						
Suite, Apt. #, etc. SVITE = 206			Suite, Apt. #, etc. SUITE: 206				porated or Qualified iness in Florida	10/20/	2000	
City & State MIAMI, FL		City & State  MIAMI, FL			5. FEI Number	5. FEI Number Applied For Not Applicable				
zip 3319	55	Country	3315	<u>z</u>	Country	6.	OF STATUS DESIRE		tional Fee requi	
7. Name and Address of Current Registered Agent										
	Name O. J. DIAZ									
	Street Add	iress (P.O. Box Number is No 5) SW 401	ot Acceptable)					dV		
•	Suite, Apt. #, Etc. SUITE: 206									
	MIAMI						State Zip Co	521c		
8. I, being	appointed the	registered agent of the above	ve named corpo	ration, am f	amiliar with and accept t	he obligations of section		. 1		_
Signature o Registered		J T RE	GIŜTERED AGI	ENT MUST	SIGN	,	Date 10	31/02		-
9. Names	and Street A	ddresses of Each Officer and	or Director (Flo	rida nonpro	fit corporations must list	at least 3 directors)			ji	<b></b>
Titles	Name of Officers and/or Directors			Street Address of Each Officer and/or Director				City / State / Zip		
PTD	CARA	ARAL GABRIEL LOPEZ 7951 SW 40THS			T SUITE: 206	MIAMI,	FL 3315	22		
VSD	GIOVA	NNA VILLAN	1	7951	SW 40THST	SUITE: 206	HIAMI, F	1 3315	2-	

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 filling 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:

D

O.J. DIAZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

√200009203202 11/25/02--01011--016 \*\*30

7951 SW 40THST SUITE: 206 HIAMI, FL 33155

Daytime Phone #

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TO: DIVISION OF CORPORATION P.O. BOX 6327 TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

DUE TO A CHANGE OF PRINCIPAL AND MAILING ADDRESS I NEVER RECEIVED FIRST NOR SECOND NOTICE FOR 2002 ANNUAL REPORT. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS AND TO WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME AT THE NEW ADDRESS LISTED IN THE ANNUAL REPORT.

CORDIALLY,

O.J. ĎIAZ DIRECTOR