PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 05 MAR 18 PM 3: 18
DOCUMENT # PODOO 103731 1. Corporation Name NIKYDAN CABLE \$ CONSTRUCTIONS, INC.		SECRETARY OF STATE TALEAHASCHE, FLURIDA
CONSTRUCTIONS, TIME.		
2. Principal Office Address 1327 Valley Grove Suite, Apt. #, etc.	3. Mailing Office Address 1327 Valley Grove Suite, Apt. #, etc.	03-05
City & State	City & State	4. Date Incorporated or Qualified 1-3-0-0-
Seffner, FL	Seffner, fl	5. FEI Number Applied For Not Applicable
^{zip} 33584 ^{country} US	33584 Country US	CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent		
NAME NIKY DEUTSCHLANDER		
Street Address (P.O. Box Number is Not Acceptable) 1327 VALLEY GROVE		
Suite, Apt. #, Etc.		
City SEFFNER, State Zip Code 33584		
8. I, being appointed the registered against The above named oprocation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. *Signature of		
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 Di	Street Address of E	ach Chu/Flotz/7
P NIKY DEU	TSCHLANDER 1327 VC	illey Seffner, EL.
		33584
	:	03/29/0601013015 **450.00
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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone *		

March 4, 2005

Re: Nikydan Cable & Constructions, Inc. Niky Deutschlander

To Whom It May Concern:

Enclosed please find a check in the amount of \$450.00 to reinstate the above referenced company. We never received the original document to renew the corporation because we have a new address; different than the one registered with your office. The current information is listed on the reinstatement form.

Please waive all fees that would be incurred from this error.

Thank you for your time and consideration with this matter.

Sincerely,

Niky Deutschlander