

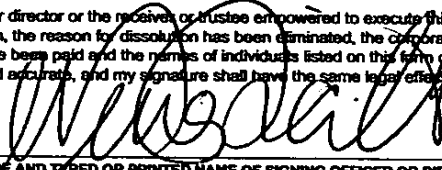


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT #		P00000117630	
1. Corporation Name		Nina Michael, Inc	
2. Principal Office Address		3. Mailing Office Address	
3680 Investment Ln			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
#9			
City & State		City & State	
West Palm Beach			
Zip	Country	Zip	Country
33404	USA		
4. Date Incorporated or Qualified To Do Business in Florida		05/17/04 01030 002 900.00	
5. FEI Number		Applied For	
651069358		Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$3.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name			
Nina Pucillo			
Street Address (P.O. Box Number is Not Acceptable)			
3680 Investment lane #9			
Suite, Apt. #, Etc.			
City		State	Zip Code
West Palm Beach		FL	33404
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	
		1-26-05	
REGISTERED AGENT MUST SIGN			
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
Pres	Nina Pucillo	3680 Investment Ln #9	West Palm F 33404
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)(f), 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:		1-26-05 561 863 9115	
			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

FILED

05 JAN 31 PM 4: 04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E081 (01/05)

**Nina Michael Inc**  
**3680 Investment Lane # 9**  
**West Palm Beach Fl 33404**  
**Tel 561-863-9115 Fax 561-863-9116**

January 26, 2005

Department of State  
Division of Corporations  
409 East Gaines St  
Tallahassee Fl 32399

Dear Sir or Madam :

On May 2004, we filed a reinstatement of our Corporation along with check # 292 for \$900.00. Seems that our form was returned for revisions which we never received and always though our company was current with the State of Florida in this matter. Only to find out yesterday that it is not. We are re-sending a new form along with \$150.00 for year 2005 a copy of check 292 for late fees filing for year 2004.

If you need further information, please do not hesitate to contact me

Sincerely

  
Nina Pucillo  
President