

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P01000026862

1. Corporation Name

NINOCCHKA, INC.

Principal Place of Business

2963 WEST 9TH COURT
HIALEAH FL 33010

Mailing Address

POST OFFICE BOX 558803
MIAMI FL 33255

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

1304 NE 191 ST

Suite, Apt. #, etc.

332

City & State

N. Miami Beach, FL

Zip

33179

Country

USA

3. New Mailing Office Address, If Applicable

1304 NE 191 ST

Suite, Apt. #, etc.

332

City & State

N. Miami Beach, FL

Zip

33179

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

03/15/2001

5. FEI Number

651086125

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSTD	FIGUEROA, ARYAM N	2963 WEST 9TH COURT	HIALEAH FL 33010

8. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name

ARYAM N. FIGUEROA

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

1304 NE 191 ST #332

Suite, Apt. #, Etc.

N. Miami Beach, FLA. #332

City

North Miami Beach

State

FL

Zip Code

33179

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

12/12/02

11. 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/12/02

Daytime Phone #

786326-1315

CP2E040 (8/02)

12/02/02

To whom it may concern:

This letter is to let you know that I Aryam N. Figueroa was not aware of these papers to fill out since my mother was the one that opened this Corporation under my name as a gift to me when I was studying in New York. She never gave any other paper work related because since I have not done anything yet with it she thought since I have not sell anything or do anything with the company nothing was require to be done. Now when she saw red letters she asked to see what it was and she got scared that I loose it and told me everything. Since I know myself how it works now. This will not happened again.

Here is my \$150.00 I need to pay if there is anything else please let me know how can I pay it so I won't loose the corporation. Correct information is included in the paper filled out. I want to be my own agent so I could get all the information.

Thank you,

A handwritten signature in black ink, appearing to read 'Aryam N. Figueroa', with a horizontal line extending to the right.

Aryam N. Figueroa