

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 SEP -1 AM 9:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000083540

1. Corporation Name

NPM Holding Corp.

2. Principal Office Address

20855 NE 16th Avenue

3. Mailing Office Address

P.O. Box 800617

Suite, Apt. #, etc.

Suite C-5

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33179

Country

USA

Zip

33280

Country

USA

REINSTATEMENT 02-04

**4. Date Incorporated or Qualified
To Do Business in Florida**

8/23/2001

5. FEI Number

65-1131872

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Nicole Beyer

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

21120 NE 31st PL

Suite, Apt. #, Etc.

City

Aventura, FL

State

FL

Zip Code

33180

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**

Nicole Beyer

REGISTERED AGENT MUST SIGN

Date 8/30/04

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	Nicole Beyer	21120 NE 31 st PL	Aventura, FL 33180
V	Peter Debs	21120 NE 31 st PL	Aventura, FL 33180

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:

Nicole Beyer / Nicole Beyer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/30/04

Date

(305)651-0010

Daytime Phone #

CR2E081 (01/04)