

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 FEB 24 PM 4:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000031814

1. Corporation Name

NISSA, INC.

2. Principal Office Address

7387 SHOAL LINE BLVD

Suite, Apt. #, etc.

City & State

SPRING HILL FLORIDA

Zip

34607-1542

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

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

03/18/2002

5. FEI Number

04-3632984

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

DANIEL J. HANLEY

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

7241 DEERFIELD DRIVE

Suite, Apt. #, Etc.

City

PORT RICHEY

State

FL

Zip Code

34668

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 02/19/2004

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	SADIQ LAKHANI	7807 EDINBURGH DRIVE	NEW PORT RICHEY FL 34653

REINSTATEMENT 03-04

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:

S.S. Lakhan

SADIQ LAKHANI

02/19/2004

727-237-4604

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR25081 (01/04)

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NISSA, INC.
7387 SHOAL LINE BLVD
SPRING HILL FL 34607-1542
727-237-4604

FEB 19TH 2004

DIVISION OF CORPORATIONS:

**I DID NOT RECEIVE THE LETTER THAT YOU TELL ME WAS MAILED REQUESTING
THE EIN # TO COMPLETE MY CORPORATE RENEWAL AFTER I SENT IN MY CHECK
TO RENEW THE CORP. FOR YEAR 2003**

PLEASE FIND ENCLOSED

#1 COPY OF CANCELLED CHECK TO RENEW FOR YEAR 2003

#2 COMPLETED CORPORATE REINSTATEMENT FORM

#3 CHECK IN THE AMOUNT OF 150.00 FOR THE RENEWAL OF CORP FOR YEAR 2004

THANK YOU

S. S. Lakhani

SADIQ LAKHANI
PRESIDENT