

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JAN -7 PM 2:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PO2000062830

1. Corporation Name

NOVITA ACCESSORIES INC.

2. Principal Office Address

777 NW 72ND AVE.

3. Mailing Office Address

REINSTATEMENT 03

Suite, Apt. #, etc.

2AA17

Suite, Apt. #, etc.

10/29/03 01071 006 150.00

City & State

MIAMI, FL

City & State

4. Date Incorporated or Qualified To Do Business in Florida

2002

5. FEI Number

04-3685264

Applied For

Not Applicable

Zip

33126

Country

MIAMI-DADE

Zip

33126

Country

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

NADER NOGHREHKAR

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

777 NW 72ND AVE

Suite, Apt. #, Etc.

2AA17

City

MIAMI

State

FL

Zip Code

33126

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

REGISTERED AGENT MUST SIGN

Date

1/5/04

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
PRES.	NADER NOGHREHKAR	777 NW 72ND AVE SUITE 2AA17	MIAMI, FL 33126

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/5/04

Daytime Phone #

305-264-9912

CR2001 (10/02)

TR

NOVITA ACCESSORIES

12/2/03

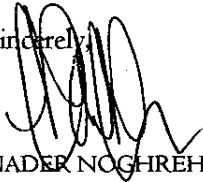
Florida Department of State
Division of Corporation
P.O. Box 6327
Tallahassee, Florida 32314

Ref. Number: P02000062830

To Whom It May Concern,

I hereby would like to request the wavier of the reinstatement fees for our corporation. The required paperwork to file on timely manner did not reach us until we were notified of the dissolution of the company (was sent to register agent no longer used by our company). Since then we have paid the required fee (\$150.00), and we will truly appreciate the waiver of the additional charges.

Sincerely,



NADER NOGHREHKAR

ORIGINALLY SENT ON 12/2/03

RE SENT 1/5/04

777 N.W. 72nd Avenue

Suite 2AA17

Miami, Florida 33126

(305) 264-3318

(305) 264-3319 Fax