PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

**FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAR 24 PM 3:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600032107336
04/07/04--01059--002 **150.00

DOCUMENT # P020000 82598

1. Corporation Name
Paul & Nina Enterprises, Inc

| 2. Principal Office Address | 3. Mailing Office Address |
|---|---|
| 909 Kings Highway | 136 Broadway |
| Suite, Apt. #, etc. UNIT 909A | Suite, Apt. #, etc. SUITE #1 |
| City & State Port Charlotte, FL | City & State WOODCLIFF LK, NJ |
| Zip 33980 Country USA | Zip 07677 Country USA |

4. Date Incorporated or Qualified To Do Business in Florida 7/31/02

5. FEI Number 02-0641835 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $5.00 additional fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Paul Sallo

Street Address (P.O. Box Number is Not Acceptable): 4313 Austin Way

600030830706
03/11/04--01032--010 **150.00

Suite, Apt. #, Etc.

City: Palm Harbor | State: FL | Zip Code: 34685

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

Signature of Registered Agent: X _____ Date: X 3-8-04
REGISTERED AGENT MUST SIGN

CR2E061 (10/97)

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 | Paul Sallo | 4313 Austin Way | Palm Harbor FL 34685 |
| | | | |
| | | | |
| | | 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: X _____ X 3-8-04 Date 201-391-8888 Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR