PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(((H04000192056 3)))

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000094786

1. Corporation Name

N & P INTERNATIONAL SERVICES, INC.

REINSTATEMENT 03-04

2. Principal Office Address		**3.** Mailing Office Address	
9231 SW 148TH STREET		9231 SW 148TH STREET	
Suite, Apt. #, etc. N/A		Suite, Apt. #, etc. N/A	
City & State MIAMI, FL.		City & State MIAMI, FL.	
Zip 33176	Country U.S.A.	Zip 33176	Country U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida 08/30/2002

5. FEI Number 61-1424161 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $0.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: PEDRO DIAZ

Street Address (P.O. Box Number is Not Acceptable): 9231 SW 148TH STREET

Suite, Apt. #, Etc.: N/A

City: MIAMI State: FL Zip Code: 33176

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 _____ Date 09/24/04

REGISTERED AGENT MUST SIGN

CR2E061 (01/04)

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	JOEL DIAZ	9231 SW 148TH STREET	MIAMI, FL. 33176
VP	PEDRO DIAZ	9231 SW 148TH STREET	MIAMI, FL. 33176

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: _____ Pedro Diaz 9/24/04 (786) 486-0096

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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Division of Corporations

Florida Department of State

Division of Corporations

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Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : ARES & COMPANY, C.P.A., P.A.
Account Number : I20000000268
Phone : (305)229-8256
Fax Number : (305)229-8252

CORPORATION REINSTATEMENT

N & P INTERNATIONAL SERVICES, INC.

Certificate of Status	0
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