FILED

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 OCT -9 PM 1:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000105467

1. Corporation Name

NEJCORP, INC

100023420601
10/09/03--01045--018 **600.00

100023420601
09/30/03--01037--005 **150.00

2. Principal Office Address
9519 SOUTH DIXIE HWY

3. Mailing Office Address
9519 SOUTH DIXIS HWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida 09/26/2002

City & State
PINECREST, FL

City & State
PINECREST, FL

5. FEI Number
02-0645043

Applied For
☐ Not Applicable

Zip
33156

Country
USA

Zip
33156

Country
USA

6.
CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name CORMOULS-HOULES, JEROME

Street Address (P.O. Box Number is Not Acceptable) 9519 SOUTH DIXIE HWY

Suite, Apt. #, Etc.

City PINECREST

State FL

Zip Code 33156

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 09/25/2003

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
PD	CORMOULS HOULES, NATHALIE	9519 SOUTH DIXIE HWY	MIAMI, FL 33156
T	CORMOULS HOULES , ERIC	2870 PINE TREE DRIVE #3	MIAMI BEACH, FL 33140
S	CORMOULS HOULES, JEROME	9519 SOUTH DIXIE HWY	MIAMI, FL 33156

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: _____ Eric Cormouls Houles _____ 09/25/2003 (305) 373 1940
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E081 (10/02)