



# 2008 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P03000004258</b> 1. Entity Name <b>NK GROUP, INC.</b>						<b>FILED</b> <b>08 MAR 25 AM 11:56</b> CLERK OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>9400 SOUTH DADELAND BLVD. PENTHOUSE 5 MIAMI, FL 33156</b>				Mailing Address <b>9400 SOUTH DADELAND BLVD. PENTHOUSE 5 MIAMI, FL 33156</b>			
2. Principal Place of Business - No P.O. Box # <b>1390 Brickell Ave.</b>		3. Mailing Address <b>1390 Brickell Ave.</b>		 <b>REINSTATEMENT 02-08</b> CR2E098 (1/07)			
Suite, Apt. #, etc. <b>Suite 200</b>		Suite, Apt. #, etc. <b>Suite 200</b>					
City & State <b>Miami, FL</b>		City & State <b>Miami, FL</b>					
Zip <b>33131</b>		Country <b>US</b>		Zip <b>33131</b>		Country <b>US</b>	
4. FEI Number <b>APPLIED FOR</b>				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>DARROW, KENNETH F 9400 SOUTH DADELAND BLVD. PENTHOUSE 5 MIAMI, FL 33156</b>				7. Name and Address of New Registered Agent Name <b>Alvaro Castillo B., P.A.</b> Street Address (P.O. Box Number is Not Acceptable) <b>1390 Brickell Avenue, Suite 200</b> City <b>Miami</b> <b>FL</b> Zip Code <b>33131</b>			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>				DATE <b>3-12-08</b>			
<b>FILE NOW!!! FEE IS \$300.00</b>				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE <b>D</b> <input type="checkbox"/> Delete NAME <b>KOVALIVKER, NESTOR</b> STREET ADDRESS <b>9400 SOUTH DADELAND BLVD. PENTHOUSE 5</b> CITY-ST-ZIP <b>MIAMI, FL 33156</b>				TITLE <b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>Nestor Kovalivker</b> STREET ADDRESS <b>1390 Brickell Avenue, Suite 200</b> CITY-ST-ZIP <b>Miami, FL 33131</b>			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <b>3-12-08</b>			
_____ <small>Typed Name</small>				_____ <small>Daytime Phone #</small>			