FILED
06 MAY -4 AM 7:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000027951

1. Corporation Name

Nena lela INC

REINSTATEMENT 04-06

CR2E081 (12/05)

2. Principal Office Address	3. Mailing Office Address
5660 NW 115 CT	5660 NW 115 Ct
Suite, Apt. #, etc.: 106	Suite, Apt. #, etc.: 106
City & State: Miami Fl	City & State: Miami Fl
Zip: 33178 Country: USA	Zip: 33178 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: Carmen Nicolella

Street Address (P.O. Box Number is Not Acceptable): 5660 NW 115 Ct

Suite, Apt. #, Etc.: 106

City: Miami State: FL Zip Code: 33178

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05/12/06--01025-029 **1050.00

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: Carmen Nicolella de Mendoza Date: April 25/06

REGISTERED AGENT MUST SIGN

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	Victino Mendoza	5660 NW 115Ct #106	Miami/FL/33178
VSD	Maria R Mendoza	5660 NW 115 Ct #106	Miami / FL / 33178
TD	Carmen Nicolella	5660 NW 115Ct #106	Miami / FL / 33178

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 contained in Chapter 119, 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: Victino Mendoza 04/25/06 786-8669990

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