

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 MAY 14 AM 9:20

DOCUMENT # P0300039534

1. Corporation Name

NIA'S ENTERPRISES INC

600129491316
05/14/08--01048--013 **1200.00

CR2E081 (12/07)

2. Principal Office Address - No P.O. Box #

5424 WELLCRAFT DR

Suite, Apt. #, etc.

3. Mailing Office Address

5424 WELLCRAFT DR

Suite, Apt. #, etc.

City & State

GREENACRES FL

City & State

GREENACRES FL

Zip

33463

Country

USA

Zip

33463

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

4/2003

5. FEI Number

651182320

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

DUANE BEDASSE

Street Address (P.O. Box Number is Not Acceptable)

5424 WELLCRAFT DRIVE

Suite, Apt. #, Etc.

City

GREEN ACRES

State

FL

Zip Code

33463

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 5/9/08

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 |
|----------|--------------------------------------|---|----------------------|
| DIRECTOR | COLIN SUBRATIE | 7354 NW 34TH ST | LAUDERHILL, FL 33319 |
| OFFICER | DUANE BEDASSE | 5424 WELLCRAFT DR | Green Acres FL 33463 |
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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:

[Signature] DUANE BEDASSE

Date

5/9/08 954579

Daytime Phone # 9204