2006 FOR PROFIT CORPORATION REINSTATEMENT

	REINST	ATEMENT			٦	جسان		<u>_</u> ,		
DOCUMEN' 1. Enlity Name NICELOOK GRO		2006 NOV 17 PM 9: 08								
MOLEGON GNOSI , INC.										
Principal Place of Busin	ess	Mailing Address	•			SECRETARY OF STATE TALLAHASSEE FLORIDA 11-7-06 01016 021 - 750				
343 N.W. 25TH STREET Miami, Fl 33127		343 N.W. 25TH STREET MIAMI, FL 33127								
2. Principal Place of Business		3. Mailing Address	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #. etc.			10132006 REIN-P CR2E098 (11/05)					
City & State		City & State			4. FEI Number Appliec For Not Applicable					
Zip Country		Zip Coun		try	5. Certificate of Status Desired			\$8.75 Additional Fee Required		
6. Na	me and Address of Curre	nt Registered Agent				7. Name and Address of New Registered Agent				
AN, PENG			emaN							
43 N.W. 25TH S NAMI, FL 33127				Street Address	(P.O. Box Numb	er is Noi Acceptable	e) —————			
				City			FL	Zip Code		
		for the purpose of changing	its register	ed affice or registr	ered agent, or bo	th, in the State of Fk	orida Tam I	amiliar with,	and accept	
the obligations of re	gistered agent	מבא	1G 7	-41/	1.1	15/06				
GNATURE Segreture	rood or orinted name of registered ag			ed Agent signature requ	ired when reinstating		()A r			
	FEE IS \$750.00 2007, Fee will be \$900	0.00					•			
0.	OFFICERS AN	ID DIRECTORS	11.		ADDITIONS	L /CHANGES TO OFF	ICERS AND			
FRE PD D			- TITL NAM					☐ Change	Addition	
THEET PODHESS 343 NV	V 25TH STREET FL 33127		STRE	ET ADDRESS ST-ZP						
·ILE		☐ Delete	TITU	V 23 L	(4) (4) (5) (4) (4) (4) (4)	intati mema		Change	Addition	
AME THEET ADDRESS TY-ST-ZIP				E PARESS ST-ZIP	M SILM			b	•	
it.	·	☐ Defete	TITL	i				☐ Change	Additios	
AME TREET ADDRESS BY ST ZIP				EET ADDRECIS '- ST-ZIP	•					
ILE IAME		C Celete	TITL					☐ Change	Accition	
HEET ADDRESS			SIR	EET ADDRESS 'ST-ZIP						
TILE IAME		☐ Delete	IIIL NAN					☐ Change	Addition	
STREET ADDRESS CIEVAST ZIP		,	STR	EET ADDRESS 7-S1-ZIP						
ift)		Delete	IIIE					Change	Appeting	
HAME HEET NODRESS HEY ST ZIP				AE EET AODRESS / ST-ZIP	<u>.</u>					
indicated on this re or the corporation	eport or supplemental re po or the receiver or trustee er	with this filing does not qualify it is true and accurate and that impowered to execute this rep is, with all other like empower	at my signa ort as requ ed.	ature shall have th	e same legal eltë	es; and that my nan	oain, inar i ne appears i	am an oilicer	ex director	
GNATURE	X Jm	Kia Men				11/15/0	06			
	SIGNATURE AND TYPED	OR PRINTED NAME OF SIGNING DEFIC	ER OR DIREC	TOR		Deto	i	алури ц Реслаги		