


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

06 JAN 10 PM 1:25

SECRET
TALLAHASSEE, FLORIDA

REINSTATEMENT 05-06

DOCUMENT # P04000100789

1. Corporation Name
NYAL LABORATORIES, INC

2. Principal Office Address 7105 SW 8 St		3. Mailing Office Address 7105 SW 8 St.	
Suite, Apt. #, etc. Suite 203		Suite, Apt. #, etc. Suite 203	
City & State Miami, Florida		City & State Miami, Florida	
Zip 33144	Country Dade	Zip 33144	Country Dade

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number ☒ 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 Lesmes, Josefa A.	
Street Address (P.O. Box Number is Not Acceptable) 7105 SW 8 ST	
Suite, Apt. #, Etc. Suite 203	
City Miami	State FL
Zip Code 33144	

000064410830
01/24/06--01051--020 **308.75

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 _____ Date _____
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
P	Lesmes, Josefa A	7105 SW 8 ST Ste. 203	Miami, FL. 33144
T	Veulens, Eva L	7105 SW 8 ST Ste. 203	Miami, FL. 33144
S	Aguiar, Jose	7105 SW 8 St Ste. 203	Miami, FL. 33144

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(305) 301-2194

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MAZZA-MARTINEZ, PEREZ & ASSOC., P.A.

Attorneys at Law

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Miami, Florida 33156

P.O. BOX 545690

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www.mazzamartinez.com

January 9, 2006

Department of State
Division of Corporations

Re: Reinstatement for NYAL LABORATORIES, INC.

Dear Sir or Madam:

We are requesting that the Department of State waive the penalty fee of \$600.00 to reinstate the above mentioned corporation due to the fact that the corporation has never received an Annual Report. (2005)

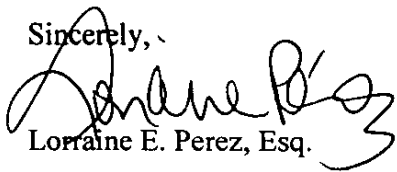
The reason for this is that the address of the corporation is erroneous with the Division of Corporation. The right address as stated in the Reinstatement form is:

NYAL LABORATORIES, INC.
7105 SW 8TH STREET
SUITE 204
MIAMI, FL 33144

We appreciate your assistance with this matter.

Should you have any questions or need further information, please do not hesitate to contact me at the above telephone.

Sincerely,



Lorraine E. Perez, Esq.

Enc.