PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT 09 AR

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 JUN 12 AM 6:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000119460

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06/12/09--01084--013 **150.00

CR2E081 (12/08)

1. Corporation Name: The Nalin Group, Inc.
5708 N.W. 66. Terr.
Tamarac Fl. 33321

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
5708 N.W. 66' Terr.	Same
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State: Tamarac	City & State
Zip: 33321 / Country: Broward	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 20-152 3320 ☐ 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: Wilfredo Estrada
Street Address (P.O. Box Number is Not Acceptable): 5708 N.W. 66' Terr.
Suite, Apt. #, Etc.:
City: Tamarac | State: FL | Zip Code: 33321

☑ 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: Wilfredo Estrada Date: 6/10/09
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	Wilfredo Estrada	5708 N.W 66' Ter.	Tamarac Fl. 33321
VP	Lillian Estrada	5708 N.W. 66 Ter.	Tamarac Fl. 33321

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: Wilfredo Estrada 6/10/09
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #