


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT #</b> PO4000126787			
<b>1. Corporation Name</b> NEWIES FINANCE CORPORATION			
<b>2. Principal Office Address</b> 4470 PORTOFINO WAY, 211 33409		<b>3. Mailing Office Address</b> 4470 PORTOFINO WAY, 211 33409	
Suite, Apt. #, etc. SUITE 211		Suite, Apt. #, etc. SUITE 211	
City & State WEST PALM BEACH FLORIDA		City & State WEST PALM BEACH FLORIDA	
Zip 33409	Country USA	Zip 33409	Country USA

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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CR2E081 (12/05)

<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 09-03-2004	
<b>5. FEI Number</b> 87-0731763	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>	

<b>7. Name and Address of Current Registered Agent</b>		
Name <del>NEWIES FINANCE CORPORATION</del> JEAN C. KASONGO		
Street Address (P.O. Box Number is Not Acceptable) PORTOFINO WAY 4470		
Suite, Apt. #, Etc. SUITE 211		
City WEST PALM BEACH	State FL	Zip Code 33409

**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

REGISTERED AGENT MUST SIGN

Date 10-10-06

**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	JEAN C. KASONGO	4470 PORTOFINO WAY	WEST PALM BEACH/FL/33409
V	ROBERT E. NAH	139 AV D'ITALIE, 75013	PARIS - FRANCE
D	GERMAIN YAO	RUE DUGAZ, 77220	PARIS - FRANCE
D	DAVID SOUCHARD	ALLEE des ROSES	PARIS - FRANCE
S	KALEBA NGOIE	4470 PORTOFINO WAY	WEST PALM BEACH/FL/33409

**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: JEAN C. KASONGO  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-10-06  
Date

561-249-4221  
Daytime Phone #