

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 FEB 11 PM 2:13

DOCUMENT # POS000022558

1. Corporation Name

Nest Working 1 Corp.

B 2/12/08

500116413595
01/30/08--01002--021 **150.00

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

395 N.W. 177 St

3. Mailing Office Address

395 N.W. 177 St

Suite, Apt. #, etc.

Apt 110

Suite, Apt. #, etc.

Apt 110

City & State

Miami, Fla

City & State

Miami, Fla

Zip

33169

Country

Dade

Zip

33169

Country

Dade

REINSTATEMENT 07-09
CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

02/11/2005

5. FEI Number

04-3805989

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

Atlanta White

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

395 N.W. 177 St

Suite, Apt. #, Etc.

Apt 110

City

Miami

State

FL

Zip Code

33169

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

Atlanta White

REGISTERED AGENT MUST SIGN

Date 10/16/07

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	Atlanta White	395 N.W. 177 St Apt 110	Miami, Fla 33169
S	Atlanta White	395 N.W. 177 St Apt 110	Miami, Fla 33169
T	Atlanta White	395 N.W. 177 St Apt 110	Miami, Fla 33169

700113156147
12/14/07--01037--004 **70.00

500116413595
02/20/08--01005--019 **80.00

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:

Atlanta White

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/16/07

Date

7863067768

Daytime Phone #