## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| DOCUMENT # POLOGO 36333  1. Corporation Name  NY AH INC.  2. Principal Office Address. No P.O. Box # 2   | CORPORATION REINSTATEMENT  | Secreta   | RTMENT OF STATE<br>ry of State<br>CORPORATIONS  |   | FILED<br>08 852 16 PM 4: 41                        |  |
|--|--|---|---|---|--|--|
| Principal Office Address - No P.O. Box # 3. Mailing Office Address 3.492 SW 20 S4.  Sulfa, Apt 8, dic. 3 2148 Sulfa, Apt 8, dic. 4 Date incorporated or Quarter for the Applied For Not  | DOCUMENT # POT00036333   |   |   |   | ALI AHASSEE, FLORIDA                               |  |
| Sulle, A.B. 8, etc.  3 3 148  City & State  4 Date Incorporated or Qualified  To De Susmess in Florida  City & State  Hismin, Florida, Florida  City & State  Hismin, Florida, Florida  City & State  Hismin, Florida, Florida  To De Susmess in Florida  S. FEI Number  Applied For  Not Applied For   | NYAH INC.  |   |   |   |  |  |
| Sulte, April, etc.  3 1 1 4 8  City & State  3 1 1 4 8  City & State  4 Date incorporated or Qualified  To De Business in Florids  To Legy L. Country  2 9  To Legy L. CASTELLANDS  Substant Address (FCO'Son Number is Not Accopable)  To Legy L. CASTELLANDS  Substant April, Etc.  City Firm  State Again, April, Etc.  City Firm  Substant Again appointed the registered agent of the above named corporation, and familiar with and accept the obligations of section 607 0505 or 617,0603, F.S.  Signature of Registered Agent  REGISTERED AGENT MUST SIGN  P. Names and Street Addresses of Each Officer and/or Directory  Officers end/or Directory  Titles  Officers end/or Directory  The reinstatement (see is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifyling 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, and familiar with and accept the obligations of section 607 0505 or 617,0603, F.S.  Signature of Officers end/or Directory  Titles  Officers end/or Directory  Officers end/or Directory  Titles  Officers end/or Directory  Of | 2. Principal Office Address - No P.O. Box # 3. Mailing Office Address  |   | DEINIC  | STATEMENT U6-08                         |  |  |
| 23 148  City & State Hilbmi, FlouridR Hi | 777 NW, 72244.   | +   | SW 20 St.   |   | CR2E081 (12/07)                                    |  |
| City & State  Hismi, Florida  To Country  20  33145  Country  Country  33145  Country  Country  Country  33145  Country  Country  Country  33145  Country  Country | Suite, Apt. #, etc.  | 1 . ' ' . ' .   |   | 4.5                                     |  |  |
| ### Street Addresses of Each Officer and/or Directors    Page   P |  |   |   |   |  |  |
| 25 Country 33126  Custry 433144  Country 54 Country 55 Certificate of Status DesireD  75. Name and Address of Current Registered Agent  Name 76. Street Address of Current Registered Agent  Street Address of Current Registered Agent  Surface Agent Surface (City Agent)  86. L. being appointed the registered agent of the above named corporation, am femiliar with and accept the obligations of section 607.0505 or 817.0503, F.S.  Signature of Registered Agent Addresses of Each Officer and/or Director City Carrent Carre |  |   | 5. FEI Numbe  |   |  |  |
| Name of the prior notices. By checking this box, you are certifying the prior notices were not received and requesting 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.  City Fibraii State Zip Code FL 331YJ  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 Agent MUST SIGN  P. Names and Street Addresses of Each Officer and/or Directors  Street Address of Each Officer and/or Directors  Street Address of Each Officer and/or Directors  Street Address of Each Officer and/or Directors  P. TORGE JUIS CASTELIANDS 772 NW 72 JV. Hiswif, FL 331Y8  10. Lordfly that I am an officer or director or the receiver or the receiver or the receiver of dissolution has been eliminated, the corporate name satisfies the requirement of saccons 607.0401 or 617.0401, FS. that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirement of saccons 607.0401 or 617.0401, FS. that ell ness owed by the corporation have been paid and the names of includable issed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information inclicated on this application is true and eccurate, and my signature shall have the same legal effect as if made under cath.  |  | Zip'  | Country   | 6.<br>CERTIFICATE                       |  |  |
| The reinstatement fee is imposed, except in Street Address (R.O. Box Number is Not Accoptable)  2  | 7. Name and Address o  | f Current Registered Age                                    | nt  |   |  |  |
| State   Zip Code   FL   33 1 4 5   | TOLGE L. CAS<br>Street Address (R.O. Box Number is Not Acceptable<br>2497 SW 26  | 5   | 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 |   |  |  |
| Signature of Registered Agent  FEGISTERED AGENT MUST SIGN  9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Titles  Officers and/or Directors  Street Address of Each Officer and/or Directors  Officer and/or Director  P JORGE JUI'S CASTELLANDS  777 NW 72 JV. HISMI, FL 33148  5001135987706  199/18/0801040001 ***450.00  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 517, 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 cath.   |  |   |   | fee be waived.                          |  |  |
| P. 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 Officer | 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.   |   |   |   |  |  |
| Titles Name of Officers and/or Directors Street Address of Each Officer and/or Director City / State / Zip  P JORGE JUIS CASTELLANDS 777 NW 72 JV. HIGMI, FL 33148  10.1 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 filling this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of saction 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.  | 5  |   |   |   |  |  |
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| SIGNATURE: Testellars 9/9/08 PIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 9/9/Date Daytime Phone #   | this reinstatement application, the reason for dissourced by the corporation have been paid and the  | iolution has been eliminated<br>names of individuals listed | <ol> <li>the corporate name satisfie<br/>on this form do not qualify for</li> </ol>   | s the requirements<br>an exemption con- | of section 607 0401 or 617 0401 E.S. that all food |  |
|  | SIGNATURE: JUSTELL STEEL | INTED NAME OF SIGNING OF                                    | FICER OR DIRECTOR   | 9/9/                                    | Date Daytime Phone #                               |  |