

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
 11 DEC - 2 PM 11:55  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **PO6000078318**  
 1. Corporation Name  
**NIDA INVESTMENT INC**

2. Principal Office Address - No P.O. Box # <b>2227 N. MONROE ST</b>		3. Mailing Office Address	
Suite, Apt. #, etc		Suite, Apt. #, etc	
City & State <b>Tallahassee FL 32303</b>		City & State	
Zip <b>32303</b>	Country <b>LRON</b>	Zip	Country

CR2E081 (11/10)

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

7. Name and Address of Current Registered Agent

Name **JAMSHAD MOHYUDDIN**


Street Address (P.O. Box Number is Not Acceptable)  
**2227 N. MONROE ST**

Suite, Apt. #, Etc.

City **Tallahassee** State **FL** Zip Code **32303**

900214810189  
 12/02/11--01025--007 \*\*900.00

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 **12.02.11**

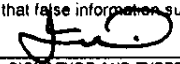
REGISTERED AGENT MUST SIGN

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
CEO	JAMSHAD MOHYUDDIN	2600 Hemming wood PL	Tallahassee, FL 32312
CFO	SAIMA MOHYUDDIN	2600 Hemming wood PL	Tallahassee, FL 32312

10. E-mail Address: **DA Tallahassee@aol.com**  
 (To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:  Date **12.02.11**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #