

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

RECEIVED
AND
FILED

16 APR 27 PM 3:15

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P06000078318**

1. Corporation Name **NIDA INVESTMENT INC**
2227 N. MONROE ST

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

2227 N. MONROE ST

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Tallahassee FL

City & State

Zip

Country

32303

LEON

Zip

Country

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

06/07/2006

5. FEI Number

20-5171152

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

Jamshaid Mohyuddin

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

2227 N. MONROE ST

Suite, Apt. #, etc.

Tallahassee

City

State

FL

Zip Code

32303

600285126186
04/27/16--01011--017 **1200.00

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

4.27.16

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
President	JAMSHAI D MOHYUDDIN	2600 Hemmingwood A	Tallahassee FL 32312
Secretary	SAIMA MOHYUDDIN	11 11 11	11 11 11 11

10 E-mail Address: **DATA@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 507.0401 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 617.155, F.S.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.26.16 (618) 231-8511

Date

Daytime Phone #

EE 4/27/16