

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # PO6000078318  
1. Corporation Name NIDA INVESTMENT INC  
2227 N. MONROE ST

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

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida <u>06/07/2006</u>	
5. FEI Number <u>20-5171152</u>	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.  
Tallahassee

City  
Tallahassee

State  
FL

Zip Code  
32303

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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] Date 4.27.16

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
President	JAMSHAD MOHYUDDIN	2600 Hemmingwood A	Tallahassee FL 32312
Secretary	SAIMA MOHYUDDIN	10 " " "	10 " " "

10 E-mail Address: DAT@Ruhassae@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 817.155, F.S.

SIGNATURE: [Signature] Date 4.26.16 (618) 231-8511

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

RE 4/27/16