


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS
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FILED

08 OCT -6 AM 11:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P06000093463

1. Corporation Name

Nice N Green, Inc.

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

2913 SW 6th Street

3. Mailing Office Address

2913 SW 6th Street

Suite, Apt. #, etc.

Apt 1

Suite, Apt. #, etc.

Apt 1

City & State

Miami, FL

City & State

Miami, FL

Zip

33135

Country

Zip

33135

Country

7. Name and Address of Current Registered Agent

Name

Luz C Pacheco

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

2913 SW 6th Street

Suite, Apt. #, Etc.

Apt 1

City

Miami

State

FL

Zip Code

33135

**REINSTATEMENT** 07-08  
CR2E081 (10/08)

4. Date Incorporated or Qualified

To Do Business in Florida 07/14/2006

5. FEI Number

20-5213826

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

☒ 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

REGISTERED AGENT MUST SIGN

Date

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
Pres	Luz C Pacheco	2913 SW 6th Street Apt 1	Miami, FL 33135
VP	Christian D Huet	2913 SW 6th Street Apt 1	Miami, FL 33135

900136691159  
10/07/08--01016--021 \*\*300.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #