


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>APPLICATION FOR REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS		<b>FILED</b>  97 MAY -6 AM 8:56  SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # <b>P 94000011596</b>					
1. Corporation Name <b>NEALIMA CORPORATION OF JACKSONVILLE</b>					
Principal Place of Business <b>8685, HAMPSHIRE GLEN DR. S. JACKSONVILLE, FL. 32256</b>		Mailing Address <b>40 MUKUND R. PATEL 8685, HAMPSHIRE GLEN DR. S. JACKSONVILLE FL. 32256</b>			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		4. Date Incorporated or Qualified To Do Business in Florida <b>FEB 8<sup>TH</sup> 1994.</b>	
				5. FEI Number <b>593228786</b>	
				Applied For Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip		
PRESIDENT	MUKUND R. PATEL	8685, HAMPSHIRE GLEN DR. S. JACKSONVILLE, FL. 32256	JACKSONVILLE, FL. 32256		
SECT. TREAS.	SUDHA M. PATEL	8685, HAMPSHIRE GLEN DR. S.	JACKSONVILLE, FL. 32256		
			100002178491--2		
			-05/14/97--01096--001		
			****323.75 ****323.75		
			965-13-97		
8. Name and Address of Current Registered Agent <b>MUKUND R. PATEL 8685, HAMPSHIRE GLEN DR. S. JACKSONVILLE FL. 32256</b>			9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code		
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent <u>Mukund R. Patel</u> Date <u>5-4-97</u> REGISTERED AGENT MUST SIGN					
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)					
12. 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 under section 119.07(3)(i), 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.					
* Mukund R. Patel x Sudha M. Patel. SIGNATURE: <b>MUKUND R. PATEL</b> <b>SUDHA M. PATEL</b> <b>5-5-97</b> <b>(904)-363-2477</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

CR2E040 (1/2/96)