

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

98 JAN 29 PM 2:27

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P94000024687**
 1. Corporation Name
Niles Atlantic Group Corporation

Principal Place of Business Mailing Address
429 NE 82 Street #1B same
Miami, FL 33138

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 4/94	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number P94000024687 <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
City & State		City & State		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
Zip	Country	Zip	Country		

REINSTATEMENT **95-98**
AD

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
1	2	3	4
	Pres Fredrick Shan	429 NE 82 St. #1B Miami FL 33138	
	VP/Sec Phillip O. Shand	998 NW 200 Terr Miami FL 33169	

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*****1200.00 ***1200.00**

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
Phillip O. Shand 998 NW 200 Terr Miami FL 33169		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State FL 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 **[Signature]** REGISTERED AGENT MUST SIGN **Phillip O. Shand** Date **1/13/98**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (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)(j), 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]**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Fredrick Shan, President**
 Date **(305) 756-6596**
 Daytime Phone #

CR2E040 (12-96)