

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT #		P94000073646	
1. Corporation Name <b>N E H, INC.</b>			
Principal Place of Business 5400 BRUTON RD PLANT CITY FL 33565			
Mailing Address 5400 BRUTON RD PLANT CITY FL 33565 P.O. BOX 625 PLANT CITY, FL 33564-0625			
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.		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc.	
4. Date Incorporated or Qualified To Do Business in Florida 10/03/1994		5. FEI Number <b>59-3272577</b>	
		Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input 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)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	HALL, NORMAN	5400 BRUTON RD	PLANT CITY FL 33565
8. Name and Address of Current Registered Agent  HALL, NORMAN 5400 BRUTON RD PLANT CITY FL 33565		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City	
		State <b>FL</b> 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. or 617.0505, F.S.			
Signature of Registered Agent	<i>Signature Required</i>		Date <b>10/21/02</b>
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 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.			
SIGNATURE: <i>Signature Required</i>	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		10/21/02 813-763-3166

CR2E040 (8/02)