

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 MAY 23 PH 4:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000077736**

1. Corporation Name

N.I.E CORP.

2. Principal Office Address

413 WASHINGTON AVE

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI BEACH FL

City & State

—

Zip

Country

Zip

Country

33139

U.S.

—

—

4. Date Incorporated or Qualified
To Do Business in Florida

10/24/1994

5. FEI Number

65-052-7663

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

PABLO MARTINEZ

200004430862-3

-06/19/01--01115--011

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

413 WASHINGTON AVE

******300.00 ****900.00**

Suite, Apt. #, Etc.

City

MIAMI BEACH

State

FL

Zip Code

33139

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

5/20/2001

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
P	PABLO D. MARTINEZ	7815 EAST PRIVE 3D	NORTH BAY VILLAGE FL
V	MARIA VALERIA CEVEDO	11	33141

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/20/2001 (305) 673-5757

Date

Daytime Phone #

CR2001 (9/00)