

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<p>APPLICATION FOR REINSTATEMENT</p>	<p>FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS</p>	<p>DO NOT WRITE IN THIS SPACE</p> <p>FILED</p> <p>97 JAN 27 AM 9:46</p> <p>SECRETARY OF STATE TALLAHASSEE, FLORIDA</p>
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Read Instructions on Other Side Before Making Entries
Make Check Payable To: Department of State

<p>1. Name and Mailing Address of Corporation: DOCUMENT # P95000066654</p> <p>NICE ENTERPRISES, INC. C/O ALBORNOZ, SEGREDO & WEISZ 901 PONCE DE LEON BLVD. SUITE 701 CORAL GABLES, FLORIDA 33134</p>	<p>2. If Address in Block 1 is incorrect in any way, enter the correct address below:</p> <p>Address _____</p> <p>City and State _____ Zip Code _____</p> <p>3. If Principle Office Address is different from mailing address, enter address below:</p> <p>REINSTATEMENT 90-97</p> <p>City and State _____ Zip Code _____</p>
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4. Date Incorporated or Qualified To Do Business in Florida 8/29/95	5. FEI Number	FEI Number Applied For	6. \$8.75 Additional Fee required for a Certificate of Status
		<input checked="" type="checkbox"/> FEI Number Not Applicable	<input type="checkbox"/> CERTIFICATE OF STATUS DESIRED

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres.	ERNESTRO TARTAGLIONE	c/o ALBORNOZ, SEGREDO & WEISZ 901 Ponce de Leon Blvd. Suite 701	Coral Gables, Florida 33134
			100002073841--4 -01/30/97--01069--001 ***\$15.00 ***\$15.00
			96-28-97

REGISTERED AGENT INFORMATION	9. If changed, new registered agent / office	
8. Name and Address of Current Registered Agent	Name _____	
WILLIAM H. ALBORNOZ, ESQUIRE ALBORNOZ, SEGREDO & WEISZ, 901 PONCE DE LEON BLVD. SUITE 701 CORAL GABLES, FLORIDA 33134	Street Address (Do NOT Use P.O. Box Number) _____	
	Street Address (Do NOT Use P.O. Box Number) _____	
	City _____	State FL.

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 *William H. Albornoz* Date 1/17/97
 REGISTERED AGENT MUST SIGN

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box (See other side for additional information.)

12. 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.)

13. 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., and that all fees owed by the corporation have been paid. 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 of Officer or Director *William H. Albornoz* Date 1/17/97 Daytime Phone # _____

Typed or printed name of signing officer or director _____

CP20040 (8/92)