

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
04 FEB 17 PM 1:20  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**REINSTATEMENT 02-04**

DOCUMENT # P95000083994

1. Corporation Name

NIAGARA ENTERPRISES, INC.

2. Principal Office Address

228 CAMINO REAL COURT

Suite, Apt. #, etc.

City & State

ORLANDO, FL

Zip

32837

Country

USA

3. Mailing Office Address

P.O. BOX 770567

Suite, Apt. #, etc.

City & State

ORLANDO, FL

Zip

32877

Country

USA

200028920302  
02/17/04--01025--033 \*\*450.50

4. Date Incorporated or Qualified

To Do Business in Florida 10/30/1995

5. FEI Number

59-3334810

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

MICHAEL M. GULEY

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

228 CAMINO REAL COURT

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32837

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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date 2/11/04

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
D	MICHAEL M. GULEY	228 CAMINO REAL COURT	ORLANDO, FL 32837
D	MICHELE M. QUARCINI	228 CAMINO REAL COURT	ORLANDO, FL 32837

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL M. GULEY

Date

2/10/04

Daytime Phone #

407-496-1266

CR2E081 (01/04)

**NIAGARA ENTERPRISES, INC.**

**P.O. Box 770567**

**Orlando, Florida 32877**

**Phone: 407-438-3756 Fax: 407-856-1479**

**February 11, 2004**

**To: Florida Department of State**

**From: Mike Guley**

**Subject: Niagara Enterprises, Inc. Reinstatement Form.**

**Attached is the completed corporation reinstatement form with a check for \$450.00. This covers 2002, 2003 & 2004. I didn't receive the form in 2002 due to moving in February 2001. I changed the address and the post office failed to forward the annual report form.**

**Regards**



**Mike Guley  
President**

6/22/04  
1/11/04