## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORA	TION
REINSTATE	MENT



## FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P96000038389

1. Corporation Name

NISABE CORP.

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

				. 3	0013026080	വയ	
2. Principal Office Address - No P.O. Box # 3. Mailing C		3. Mailing O	Office Address	0572	7/0801005020 *	**300.00 ~	
415 L'A	MBIANCE DRIVE	VIKTORI/	AWEG 16		CR2E081 (12/07)		
Suite, Apt. i	#, etc.	Suite, Apt. #,	etc.	<u></u>	]		
UNIT 90	)5 - D	61350 BA	AD HOMBURG	4. Date incorporated or Qualified To Do Business in Florida 05/03/1996			
City & State	3	City & State					
LONGB	OAT KEY, FL			59-337795	<u> </u>	Applied For Not Applicable	
Zip	Country	Zip	Country	6.	\$8.75 Add	ditional Fee required	
34228	USA		GERMANY	CERTIFICATE		ertificate of Status	
	7. Name and Address	s of Current Regis	stered Agent				
	R, SUSAN B.				reinstatement fee is imposed, except in		
Street Address (P.O. Box Number is Not Acceptable) 200 SOUTH ORANGE AVENUE			the prior notices. By checking this box, you are certifying the prior notices were no		nis box, you		
Suite, Apt. #, Etc.			received and requesting the reinstateme fee be waived.				
City SARAS	GOTA		State Zip Code 34236				
8. I, being Signature of Registered	of SAI	REGISTERED AG	oration, am familiar with and accept the o	obligations of secti	Date 5/19/2008		
9. Name:	s and Street Addresses of Each Officer	and/or Director (Fk	orida nonprofit corporations must list at le	least 3 directors)			
Titles	Name of		Street Address of Each Officer and/or Director		City / State / Zip	)	
D	PETERS, HANS P.		415 L'AMBIANCE DRIVE	#905-D	LONGBOAT KEY, FL 3	4228	
D	PETERS, MONIKA		415 L'AMBIANCE DRIVE	#905-D	LONGBOAT KEY, FL 34	4228	
		-					

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 contained in Chapter 119, F.S. The information indicated on this application is type and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

IETERN

5/19/2008

0049-6172-84282



ATTORNEYS AT LAW 200 SOUTH ORANGE AVENUE SARASOTA, FLORIDA 34236 T: (941) 366-4800 X 1724 F: (941) 366-5109

shecker@williamsparker.com

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May 19, 2008

Department of State Division of Corporations Reinstatement Division P.O. Box 6327 Tallahassee, FL 32314

Re: NISABE CORP. - Document P96000038389

Dear Sir/Madam:

Enclosed please find the completed Corporation Reinstatement form which has been signed by Hans Peter Peters, as Director of the Corporation. Also, please note there is a discrepancy between the 2006 Annual Report and Division records, as evidenced by the attached paperwork. While the 2006 Report filed by this Corporation reflects a change of address which is located in Germany, Division records appear to indicate a change to an invalid address in Sarasota, Florida. Hence, subsequent filing notices were not received by Mr. Peters.

Pursuant to our telephone conversation with Arlene at the #4 Examiner section of the Division office, we are submitting a reinstatement fee of \$300.00 to bring all filings current for years 2007 and 2008.

In the event your require further information or documentation in order to reinstate this Corporation, please advise at your earliest convenience using the contact information above.

Thank you.

Sincerely,

ousan b. Hecker

Enclosures /jsm - 869694\_1.doc

www.williamsparker.com