PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **APPLICATION** Sandra B. Mortham **FOR** FILED Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS 98 APR 29 AM 9: 56 DOCUMENT # 1. Corporation Name P96000047234 SECRETARY OF STATE TALLAHASSEE, FLORIDA Nakeva I, Inc. Principal Place of Business Mailing Address 20451 N.W. 2nd count. 20451 N.W. 2nd count. Miami, FL 33169 Miami, FL 33169 If above addresses are incorrect in any way, line through incorrect information and enter correction below Date Incorporated or Qualified To Do Business in Florida 2. New Principal Office Address, If Applicable 3. New Mailing Address, If Applicable N.W. 1754 1864 Suite, Apt. #, etc. 1864 N.W. 1751h Suite, Apt. #, etc. June City & State City & State Not Applicable FI GΙ \$8.75 Additional Fee required CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) Title(s) City / State / Zip 20451 N.W. Ind court. Miami, J-L 33169 Carnell 20451 N.W. 2nd court. Bobbie Rolle Mismi FL 33169 YP.S 700002513987---05/06/98--01106--012 ****900.00 ****900.00 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent VINCENT P. DUNN. 2820 N.W. 135th St. OPA-Locka, FL 33054 Zip Code Miami 33056 10. 1, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Power Kaller REGISTERED AGENT MUST SIGN 11. Does this corporation pay any intangible tax to the (See other side for information Dept. of Revenue under S. 199.032, Florida Statutes. No 12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I re-lease the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access, 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: