

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 SEP -4 PM 3:27

DOCUMENT #

096000069333

1. Corporation Name

North Dade Newological Consultants Inc

2. Principal Office Address

1400 ne miami (Sds) 48260 ne 19 ave

Suite, Apt. #, etc.

20

City & State

NMB FL

Zip

33162

Country

USA

3. Mailing Office Address

1400 ne miami (Sds) 48260 ne 19 ave

Suite, Apt. #, etc.

204

City & State

NMB FL

Zip

33162

Country

USA

REINSTATEMENT 01

4. Date Incorporated or Qualified
To Do Business in Florida

SP

5. FEI Number

65-0691174

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

Steven B. Brown

000004579280-1

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

18671 Collins Ave

-03/11/01--01001--006

****750.00 ****750.00

Suite, Apt. #, Etc.

3303

City

Sunny Isles

State
FL

Zip Code

33160

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

SK B B

Date 8.28.01

REGISTERED AGENT MUST SIGN

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 | Steven B. Brown | 18671 Collins Ave #3303 | Sunny Isles FL 33160 |
| | | | |
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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:

SK B B

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8.28.01

Date

305 9450606

Daytime Phone #