


4892

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000093360

1. Corporation Name  
NEW AMERICAN BUSINESS, INC.

2. Principal Office Address  
10544 NW 26TH STREET

3. Mailing Office Address  
10544 NW 26TH STREET

Suite, Apt. #, etc.  
UNIT E-203

City & State  
MIAMI, FLORIDA

Zip  
33172

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**REINSTATEMENT**

4. Date Incorporated or Qualified To Do Business in Florida  
10/30/1997 **SP**

5. FEI Number  
65-0800933

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name  
MARTIN GENOUD

Street Address (P.O. Box Number is Not Acceptable)  
16380 SOUTH POST ROAD


Suite, Apt. #, Etc.  
# 301

City  
WESTON

State  
FL

Zip Code  
33331

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.

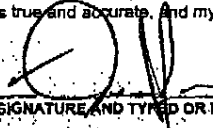
Signature of Registered Agent  Date 3/22/01

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
PD	MARTIN GENOUD	16380 SOUTH POST ROAD	WESTON, FLORIDA 33331

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:  MARTIN GENOUD/PD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 3/22/01 Daytime Phone # (352) 629-9192

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Florida Department of State  
Division of Corporations  
Public Access System  
Kathorino Harris, Secretary of State

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To:  
Division of Corporations  
Fax Number : (850) 922-4004

From:  
Account Name : JIM SIERRA & ASSOCIATES  
Account Number : 110677000356  
Phone : (305) 271-7310  
Fax Number : (305) 271-4422

**CORPORATION REINSTATEMENT**

**NEW AMERICAN BUSINESS, INC.**

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Estimated Charge	\$908.75

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