

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<p>APPLICATION FOR REINSTATEMENT</p> <p style="text-align: center;">FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS</p> <p>DOCUMENT # P-98000031785</p> <p>1. Corporation Name NU-VENTURE ENTERPRISES, MIAMI, INC</p>		<p style="text-align: center;">FILED SECRETARY OF STATE DIVISION OF CORPORATIONS</p> <p style="text-align: center;">01 MAR -7 AM 10:46</p>																																	
<p>Mailing Address 14100 N.E. 2nd Court MIAMI, FL 33161</p> <p>Principal Place of Business 14100 N.E. 2nd Court MIAMI, FL 33161</p> <p>If above addresses are incorrect in any way, line through incorrect information and enter correction below.</p>		<p>DO NOT WRITE IN THIS SPACE</p>																																	
<p>2. New Mailing Address, If Applicable</p> <p>Suite, Apt. #, etc.</p> <p>City & State</p> <p>Zip Country</p>		<p>3. New Principal Office Address, If Applicable</p> <p>Suite, Apt. #, etc.</p> <p>City & State</p> <p>Zip Country</p>																																	
<p>4. Date Incorporated or Qualified To Do Business in Florida 4/7/1998</p>		<p>5. FEI Number 65-0832836</p> <p>Applied For Not Applicable</p>																																	
<p>6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/></p>		<p>\$8.75 Additional Fee required for a Certificate of Status</p>																																	
<p>7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">Title(s)</th> <th style="width:30%;">Name of Officers and/or Directors</th> <th style="width:30%;">Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)</th> <th style="width:30%;">City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>PSTD</td> <td>ANDRE McFARLANE</td> <td>14100 N.E. 2nd Court</td> <td>MIAMI, FL 33161</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>				Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip	PSTD	ANDRE McFARLANE	14100 N.E. 2nd Court	MIAMI, FL 33161																								
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<p>8. Name and Address of Current Registered Agent</p> <p>ANDRE -McFARLANE 14100 N.E. 2nd Court MIAMI, FL 33161</p>		<p>9. Name and Address of New Registered Agent</p> <p>Name</p> <p>Street Address (P.O. Box Number is Not Acceptable)</p> <p>Suite, Apt. #, Etc.</p> <p>City State Zip Code</p> <p style="text-align: center;">FL</p>																																	
<p>10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.</p> <p>Signature of Registered Agent <i>Andre McFarlane</i> Date 3:2: 2001</p> <p style="text-align: center;">REGISTERED AGENT MUST SIGN</p>																																			
<p>11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box <input type="checkbox"/> (See other side for additional information.)</p>																																			
<p>12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)</p>																																			
<p>13. 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 release 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.</p>																																			
<p>SIGNATURE: <i>Andre McFarlane</i></p> <p>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</p>		<p>3:2: 2001 305-892-8779</p> <p>Date Daytime Phone #</p>																																	

CR2E040 (6/94)