

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

Make Check Payable To: Department of State

1. Name and Mailing Address of Corporation: DOCUMENT # PA8000041798

Nx K Wholesale Inc
4070--H N.W 132nd Street
OPALOCKA FLA 33054

2. If Address in Block 1 is incorrect in any way, enter the correct address below. The NAME of the corporation can be changed only by filing an amendment.

Address

Address

City and State

Zip Code

3. Date incorporated or Qualified To Do Business in Florida

4. FEI Number

65-0878365

FEI Number Applied For

FEI Number Not Applicable

5. \$8.75 Additional Fee required for a Certificate of Status

CERTIFICATE OF STATUS DESIRED

6. Names and Street Addresses of Each Officer and/or Director

1. Title	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City and State
P.S.T	NENAL ABDELGADEK	4070 H.N.W 132 nd ST	OPALOCKA FLA 33054

REGISTERED AGENT INFORMATION

8. Name and Address of New Registered Agent and/or Office

Name

NENAL ABDELGADEK

Street Address (Do NOT Use P.O. Box Number)

Street Address (Do NOT Use P.O. Box Number)

4070 H. N.W 132nd ST

City and State

OPALOCKA

FL.

Zip

33054

9. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

10/28/99

10. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box (See other side for additional information.)

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.) **KE**

12. 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 of Officer or Director

[Signature]

Date

10/28/99

Daytime Phone #

Typed or printed name of signing officer or director

CR2000 (8-97)

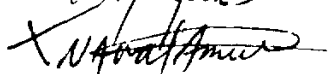
10/31/99

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To: Division of Corporations

Subject: N&K Wholesale Inc.

AS PER OUR CONVERSATION WITH YOUR DEPARTMENT ON 10/26/99, ENCLOSED PLEASE FIND OUR RE-INSTatement FORM WITH THE ORIGINAL \$150⁰⁰ FEE, DUE AS DISCUSSED WE NEVER RECEIVED THE FIRST OR SECOND ANNUAL REPORTS DUE TO YOU HAD THE WRONG ADDRESS. SORRY FOR ANY INCONVENIENCE WE HAVE CAUSED.

Sincerely yours

N&K Wholesale Inc.
Newal Ardel Qadeem.