PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 03 MAY 12 AM 8: 32

DOCUMENT # P98000049103

1. Corporation Name

NORTHEAST TAKE ONE INC

REINSTATEMENT 01-03

2. Principal Office Address	**3.** Mailing Office Address	
6834 VIA REGINA	524 VILLA CIRCLE	
Suite, Apt. #, etc. BLDG 31 UNIT 7	Suite, Apt. #, etc.	**4.** Date Incorporated or Qualified To Do Business in Florida 5/29/1998
City & State BOCA RATON, FL	City & State BOYNTON Bch, FL	**5.** FEI Number 0432852 42 ☐ Applied For ☐ Not Applicable
Zip 33433 Country USA	Zip 33435 Country USA	**6.** CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name	GEORGE FRUSTINO
Street Address (P.O. Box Number is Not Acceptable)	524 VILLA CIRCLE
Suite, Apt. #, Etc.	
City BOYNTON Bch, FL	State FL Zip Code 33435

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 5/9/03

REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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/VP/T/S/D	George Frustino	Bldg. 31, 6834 Via Regina Unit #7	Boca Raton, FL 33433
			4000190081404
			05/15/03--01038--003 **1050.00

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: _____ GEORGE FRUSTINO 5/9/03 518 330-8785

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #