PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

[redacted] REINSTATEMENT

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

99 Qtr

FILED
01 MAY -9 AM 9:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000064617

1. Corporation Name NADERGAN CORP.

2. Principal Office Address	3. Mailing Office Address
104 Crandon Blvd.	Same
Suite, Apt. #, etc.: # 406 A	Suite, Apt. #, etc.:
City & State: Key Biscayne Fl.	City & State:
Zip: 33149 Country: USA	Zip: Country:

99-01

4. Date Incorporated or Qualified To Do Business in Florida 07-22-1998

5. FEI Number: Applied For / X Not Applicable

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

7. Name and Address of Current Registered Agent

Name: PILAR Aparicio

Street Address (P.O. Box Number is Not Acceptable): 104 Crandon Blvd

Suite, Apt. #, Etc.: #406 A

City: Key Biscayne State: FL Zip Code: 33149

~~30~~ 351.25 - AR
10.00 - ARART
88.75 - ARESURY
8.75 - CERT

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: Pilar Aparicio — REGISTERED AGENT MUST SIGN

Date: May 2/2001

CR2E081 (8/00)

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/D	Alberto Nader	555 Crandon Blv #53	Key Biscayne Fl. 33149
S/S	Pilar Aparicio	555 Crandon Blv #53	Key Biscayne Fl. 33149
			300004342483--4
			-05/05/01--01099--007
			****458.75 ****458.75
			SP

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: Pilar Aparicio — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/02/2001 — Date

(305)361-1993 — Daytime Phone #