PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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| REINSTATE | |



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| REINSTATEMENT | 15.6 |

P98000071248 DOCUMENT #

1. Corporation Name

NORTH AND SOUTH INDUSTRIES INC.

Principal Place of Business

Mailing Address

16658 LA MESA DRIVE DELRAY BEACH FL 33484 16658 LA MESA DRIVE DELRAY BEACH FL 33484

| ii above i | addresses are | incorrect in any way, line ti | rough incorrect i | information a | and enter correction below. | | | |
|---|--|---------------------------------------|--|--|---|-----------------------|---------------------------------------|--|
| New Principal Office Address, If Applicable Suite, Apt. #, etc. Suite, Apt. # | | Mailing Office Address, If Applicable | | 4. Date Incom To Do Busi | 4. Date Incorporated or Qualified To Do Business in Florida 5. FEI Number Applied For | | | |
| | | Suite, Apt. # | Suite, Apt. #, etc. | | | | | |
| | | City & State | | | 65-0869557 | | Not Applicable | |
| Zip | | Country | Zip | | Country | 6. CERTIFICATI | E OF STATUS DESIRED S8 | i.75 Additional Fee require for a Certificate of Status |
| 7. Names | and Street Add | dresses of Each Officer and | d/or Director (Flo | orida nonpro | fit corporations must list at I | east 3 directors) | | |
| Title(s) | Title(s) Name of Officers and/or Directors | | Street Address of Each Officer and/or Director | | | City / State / Zip | | |
| P BONFIGLIO, FRANCES | | | 16658 LA MESA DRIVE | | DELRAY BEACH FL 334 | 184 | | |
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| 8. Name and Address of Current Registered Agent | | | | Name and Address of New Registered Agent | | | | |
| BONFIGLIO, FRANCES | | | Name | Name | | | | |
| | LA MESA DE | | | | Street Address | (P.O. Box Number | is Not Acceptable) | ••• |
| DELRA | y Beach Fl | . 33484 | | | Suite, Apt. #, Et | c. | | |
| | | | | | City | | State | |
| | appointed the | registered agent of the ab | ove named corpo | oration, am fa | amiliar with and accept the | obligations of Secti | · · · · · · · · · · · · · · · · · · · | |

11. 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 of Registered Agent

REGISTERED AGENT MUST SIGN

01 561 - 499-7644 Daytime Phone #

North & South Industries Inc. 16658 La Mesa Drive Delray Beach, Florida 33484

October 11, 2001

Department Of State
Division of Corporations
Tallahassee, Fl. 32314
Attn: Katherine Harris
Secretary of State

Dear Ms. Harris:

I received notice of Administrative Dissolution or Revocation of my corporation in today's mail. I was surprised to receive it, as I didn't realize the filing form had not been filed since I never received it in the mail. I would like my corporation to be reinstated but I do not feel that I should pay the \$600.00 reinstatement fee since I never received the filing in the mail.

I am sending a check for \$150.00 to reinstate my corporation I hope you will accept it. Please feel free to call me at (561) 499-7644 if you have any questions or if this is unacceptable to you before depositing my check of \$150.00.

Thank you for your prompt attention in this matter.

Sincerely,

Frances Bonfiglio

President