PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED DEURETARY OF STATE EVISION OF CORPORATION

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DOCUMENT#	P98000106386
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1. Corporation Name

NISER WORLD INDUSTRIES, INC.									
Principal Place of Business Mailing Address 800 SOUTHEAST THIRD AVENUE 900 SOUTHEAS SUITE 301 SUITE 301 FT LAUDERDALE FL 33316 FT LAUDERDAL				AST THIRD AVENUE		REINSTATEMENT OC			
If above addresses are incorrect in any way, line through incorrect in 2. New Principal Office Address, If Applicable 3. New Mailin			formation and enter correction below. ng Office Address, If Applicable			4. Date Incorporated or Qualified To Do Business in Florida 12/23/1998			
Suite, Apt. #, etc. Suite, Apt. #,			etc.		5. FEI Number Applied For				
City & State City & State			City & State	•				Not Applicable	
Zip	Country Zip		Zip	Country 6.			SERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status		
7. Names a	and Street Ad	dresses of Each Officer and/	or Director (Flo	rida nonprof	it corpora	ations must list at lea	st 3 directors)		
Title(s)	Name of Officers and/or Directors			3	Street Address of Each Officer and/or Director			City / State / Zip	
D ·	MORONI, SERGIO			800 CLAUGHTON ISL. DR. #1905			5	MIAMI FL 33131	
D	BRANTSCHEN, NICOLAS			800 CLAUGHTON ISL. DR. #1905			5	MIAMI FL 33131	
Р	Mokoul, Sergio			800 Claughton Isle Dr., # 1905			,# 1905	Miami, FL 33131	
٧P	BRANTSCHEN, Nicolas			800 Claughton Iste Dr., #19			, 1 1905	Miami, FL 33131	
S	LABATE, Mark J.			800 S.E. Third Ave., 8.			#301	Ft. Landerdale, FL 33316	
	5000034403456 -10/26/0001053001							53001	
	8. Nan	e and Address of Current	Registered Age	ent		9. Name and Address of New Registered Agent *750.00			
LABATE, MARK J				Name Street Address (P.O. Box Number is Not Acceptable)					
800 SOUTHEAST THIRD AVENUE SUITE 301			-	Suite, Apt. #, Etc.				5	
FT LAUDERDALE FL 33316					City State Zip Code			p Code	
10. I, being Signature o Registered	of	e registered agent of the abo	SGISTERED AG			ith and accept the ol			
11. I certify	that I am an	officer or director or the recei	ver or trustee en	npowered to	execute	this application as p	provided for in ch	apter 607 or 617, F.S. I further certi	fy that when filing

11.1 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MAR & J. LAB ATE, Secret or

in his ho

954) 728-3466

Daytime Phone #