

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 MAR -4 PM 2:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000108356

1. Corporation Name

NINA ENTERPRISES, INC.

2. Principal Office Address

1960 EMILIO LANE

Suite, Apt. #, etc.

City & State

WEST PALM BEACH, FLORIDA

Zip
33406

Country
U.S.A.

3. Mailing Office Address

1960 EMILIO LANE

Suite, Apt. #, etc.

City & State

WEST PALM BEACH, FLORIDA

Zip
33406

Country
U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

12/31/98

5. FEI Number 65-0909296

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

NORMA A. DIAZ

Street Address (P.O. Box Number is Not Acceptable)

1960 EMILIO LANE

Suite, Apt. #, Etc.

City

WEST PALM BEACH

State
FL

Zip Code
33406

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

Norma Diaz

Date 02/25/02

REGISTERED AGENT MUST SIGN

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
PSTD	NORMA A. DIAZ	1960 EMILIO LANE	WEST PALM BEACH, FL 33406

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.

NORMA A. DIAZ, PRESIDENT

SIGNATURE:

Norma Diaz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/25/02 (561) 432-4665

Date

Daytime Phone #

CR2E081 (9/01)



Carlos J. Berrocal¹
Robert W. Wilkins^{2,3,5}
Jane S. Hunston⁴

¹Also admitted in District of Columbia
²Also admitted in New York
³Board Certified Civil Trial Lawyer
⁴Board Certified Real Estate Attorney
⁵Board Certified Business Litigation Attorney

BERROCAL & WILKINS
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March 1, 2002
Via Federal Express

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

RE: *Nina Enterprises, Inc.*
Document #: *P98000108356*

Dear Division of Corporations:

Enclosed herewith is our client's Reinstatement Application along with a check in the amount of \$600 which represents the filing fees for 1999 to 2002.

We are asking you to waive the \$600 reinstatement fee due to the fact that our client did not receive their 1999 Uniform Business Report. The reason our client did not receive the same is because it went to the address of the attorney who created the corporation. However, during the time the Uniform Business Report's were sent out by the State, this attorney was no longer representing them and thus, did not forward it to our client. As a result, the corporation was administratively dissolved. Thus, if you would be so kind as to waive the \$600 reinstatement fee, both myself and my client would greatly appreciate it.

I would also like to point out, that the other attorney was not good at providing you with correct information, such as the correct spelling of the names of the officers, thus, please make sure the correct the spelling from *Norman A. Diez* to *Norma A. Diaz*.

Should you have any questions, regarding the above, please do not hesitate to contact me.

Very truly yours,

Natasha C. Wright

/ncw

Enclosure

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