


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

02 SEP -9 AM 8:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V31756

1. Corporation Name

NEHIZENA INVESTMENT CORP.

2. Principal Office Address

19501 N.E 10TH AVENUE

Suite, Apt. #, etc.

SUITE 203

City & State

MIAMI FLORIDA

Zip

33179

Country

USA

3. Mailing Office Address

19501 N.E 19TH AVENUE

Suite, Apt. #, etc.

SUITE 203

City & State

MIAMI FLORIDA

Zip

33179

Country

USA

REINSTATEMENT 99-02

4. Date Incorporated or Qualified To Do Business in Florida

APRIL, 27 1992

5. FEI Number

65-0328397

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

OSAGIE INNEH

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

19501 N.E 10TH AVENUE

Suite, Apt. #, Etc.

SUITE 203

City

MIAMI

State

FL

Zip Code

300007729719 -- 1

-09/13/02-01034-017

***2417.50 ***2417.50

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

REGISTERED AGENT MUST SIGN

Date

9/4/02

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
D/P/S	DANIEL OSAGIE INNEH	19501 N E 10TH AVE. #203	MIAMI, FLORIDA. 33179

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

9/4/02

Date

(305) 655-0420

Daytime Phone #

CR2E081 (9/01)

js 9/10/02