

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 DEC -4 PM 2:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000017924

1. Corporation Name

NCP INVESTMENTS, INC.

2. Principal Office Address

4203 Bamboo Terrace

Suite, Apt. #, etc.

City & State

Bradenton, FL

Zip

34210

Country

USA

3. Mailing Office Address

4203 Bamboo Terrace

Suite, Apt. #, etc.

City & State

Bradenton, FL

Zip

34210

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 02/16/2000

5. FEI Number

65-1114502

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

Blalock, Landers, Walters & Vogler, P.A.

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

802 11th Street West

Suite, Apt. #, Etc.

City

Bradenton

State
FL

Zip Code
34205

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.

Blalock, Landers, Walters & Vogler, P.A.

Signature of Registered Agent By: *[Signature]*

Its: REGISTERED AGENT MUST SIGN

Date 12-3-02

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	Celestino Palomino	4203 Bamboo Terrace	Bradenton, FL 34210

300009350793
12/04/02-01052 005 **900.00

REINSTATEMENT 01-02

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]* Celestino Palomino, M.D. 12/3/02 (941)795-0354
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (9/01)