2015 OCT -9 AM 8:49

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E081 (11/10)

DOCUMENT # P07000019412

1. Corporation Name

NCC BUSINESS SERVICES OF AMERICA, INC.

2. Principal Office Address - NO P.O. Box #	3. Mailing Office Address
9428 Baymeadows Road	9428 Baymeadows Road
Suite, Apt #, etc.	Suite, Apt #, etc.
200	200
City & State	City & State
Jacksonville Florida	Jacksonville Florida
Zip / County	Zip / County
32256 / US	32256 / US

4. Date Incorporated or Qualified To Do Business In Florida
02/12/2007

5. FEI Number
02-0799918 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DES RED — $30.00 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
CT Corporation System

Street Address (P.O. Box Number is NOT Acceptable)
1200 South Pine Island Road

Suite, Apt. #, etc.

City: Plantation — State: FL — Zip Code: 33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: Michele Hobbs Asst. Sec. — Date: 10/9/2015

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
President	Edward Pollan	9428 Baymeadows Road, #200	Jacksonville, FL 32256
Secretary	Irving Pollan	9428 Baymeadows Road, #200	Jacksonville, FL 32256
	REINSTATEMENT		

10. E-mail Address: irv.pollan@ncc-business.com
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath; I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Irving Pollan — 10/9/15 — 904-352-2642

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OF AUTHORIZED OFFICER OR DIRECTOR — Date — Daytime Phone Number

OCT - 9 2015

L BERGER

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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NCC BUSINESS SERVICES OF AMERICA, INC.

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