

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 JUN 17 AM 8:00

DOCUMENT # F98000002662

**1. Corporation Name**

NCLN20 Corporation

3404 Hall Lane

P. O. Box 69

**2. Principal Office Address**

3404 Hall Lane

**3. Mailing Office Address**

P. O. Box 69

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lafayette, California

City & State

Lafayette, California

Zip

94549

Country

U.S.A.

Zip

94549

Country

U.S.A.

**4. Date Incorporated or Qualified  
To Do Business in Florida**

August 12, 1996

**5. FEI Number**

68-0247444

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☒

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT** 20-04  
MRS

**7. Name and Address of Current Registered Agent**

Name

Stephen Jones

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

6623 Andrea Rose Drive

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32835

**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

*Stephen Jones*  
REGISTERED AGENT MUST SIGN

Date June 15, 2004

**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
C/P/S	Stephen Jones	6623 Andrea Rose Drive	Orlando, FL 32835

**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:

*Stephen Jones*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 15, 2004 (925) 299-2906

Date

Daytime Phone #

CR2E081 (01/04)