

H98000020090 0

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

98 OCT 29 AM 10:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G41261

1. Corporation Name

N.D.A. CORPORATION

Principal Place of Business

Mailing Address

201 West 27th Street
Hialeah, Florida 33010

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

201 West 27th Street

Suite, Apt. #, etc.

3. New Mailing Address, If Applicable

Same

Suite, Apt. #, etc.

City & State

Hialeah, Florida

City & State

Zip

33010

Country

Dade

Zip

Country

REINSTATEMENT 90-98

DO NOT WRITE IN THIS SPACE

4. Date Incorporated or Qualified
To Do Business in Florida

5/27/83

5. FEI Number

59-2363532

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ 98.75 Additional Fee required
for a Certificate of Status

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

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
DS	NELSON FLECHES	7955 N.W. 162nd Street	Miami, Florida 33016
PD	ANTONIO E. FLECHES, JR.	201 West 27th Street	Hialeah, Florida 33010
VD	DIEGO CAYON	201 West 27th Street	Hialeah, Florida 33010

8. Name and Address of Current Registered Agent

NELSON FLECHES
7955 N.W. 162nd Street
Miami, Florida 33016

9. Name and Address of New Registered Agent

Name

Same

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent for the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 10/27/98

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐(See other side for information
on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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. 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:

Nelson Fleches

10/27/98

(305) 887-0783

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Prepared by: Daniel M. Keil 3165 West 4th Ave. Hialeah, FL 33012

Florida Department of State
Division of Corporations
Public Access System
Sandra B. Mortham, Secretary of State

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations
Fax Number : (850) 487-6015

From:

Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

CORPORATION REINSTATEMENT

N.D.A. CORPORATION

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$1,871.25