LIMITED LIABILITY **COMPANY** REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

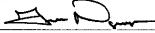
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NC HOLDING,	LLC.			·		
,	91:	29/00				
2. Principal Office Address 3. Mailing Office		ffice Address				
1800 OLD OKEECHOBLE ROAD				Country of Formation		
Suite, Apt. #, etc.	Suite, Apt. #, etc.			PRIDA		
SUITE 200				nized or Qualified siness in Florida	100	
City & State	City & State		6 55111		Applied For	
WEST PALM BEACH, FLORI	04		6. FEI Numb	74286	Not Applicable	
33409-5207 PALM BEACH	Zip	Country	7.		00 Additional Fee require or a Certificate of Status	
	8. Name an	d Address of Curren	t Registered Agent			
Name						
TRU NGUY	TRU NGUYEN					
Street Address (P.O. Box Number i			90	00039315 03/30/0101	339- - 63	
258 βENT Suite, Apt. #, Etc.	DAK CIRCLE			-03/30/01 01 *****200:00	****2 00 00 11	
Guile, Apr. W. Etc.					4	
City	<u> </u>			State Zip Code		
ROYAL PALM	BEACH		and the same of th	FL 33411		
9. I, being appointed the registered agent of the	above named limited fiability	y company, am familia	r with and accept the obliga	tions of Chapter 608, F.S.		
Signature of	\supset A	ts Man	Andrew 12	Date 3/20/0	•	
Registered Agent	REGISTERED AGENT MU	·····		Date		
10. Names and Street Addresses of Managing I	Vembers/Managers				anyaga garangi manahan sahili 1996 da 1999	
Titles Name of Managing Members/ Mar	nagurs	Street Address of Each Managing Member/Manager		City / State / Zip		
MER. TRU NGUYEN	25	258 BENT OAK CIRCLE		ROYAL PALA BLACK FL 33411		
MER. BRIAN BETRON		O GLEN BR		LAKE WORTH	•	
MER. CHARLES POOLS		2415 GABRIEL LANE		WEST PALM BEACH, FL 33406		
MENS. KARL AOLER		1700 N.E. 26th ST., SUITE4		FORT LAUDER DALE, FL 33305		
MAME. JOHN AND LYDIA BIGGIE		3041 ME. 48th STREET		LIGHTHOUSE POINT, FL 33064		
MEMI JOHN BILLIE, JA		3041 N.E. 48th STREET		LICHTHOUSE POINT, FL 33064		
11. I cortify that I am managing member/manage	er or the receiver or trustee	empowered to execut	e this application as provid	ed for in chapter 608, F.S. I fu	Ther certify that when	

all fees owed by the limited liability company 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.

Managing Member/Manager



As Manager Date 3/20/01 Daytime Phone# 561-803-5411

Typed or printed name of signing Managing Member/Manager