SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

SIGNATURE:

3g 2g2

NCA Investors Association, Inc. P.O. Box 680322 Miami, Florida 33167 11770 W. Golf Drive #5-102 Miami, Florida 33167 (305)-835-0226 or 786-223-1230 &1233

--October 11, 2001 _ _

Department of Reinstatement of Corporations

Tallahassee, Florida

Dear Sir/Madam: / At for dur Velphone Conversation of 10/10/2001.

I am writing this letter to ask you to please, waive my fees for reinstatement of my Corporation, due to the fact that I have been in the hospital to undergo surgery and my assistant only sent in the request for the original of my corporate papers and my articles of incorporation and did not sent the \$150.00 (Dollars) fee that was supposed to send to you after I had previously called while I was in the hospital to request for the package containing the filling docs to me again because they probably had been mailed to the wrong address because we never received the first one. I recently spoke to Ms. Markeeta And she instructed me to send this letter with my explanations to request a waiver of the \$750.00 fee due to this emergency I had and everything else that is going on with the economy right now. Please consider my petition and I will make sure personally that this does not happens again and that my accountant/and/Assistant handles everything in a correct way from now on.

Thanking you in advance for your consideration and help on this matter. I'll await your reply. I am enclosing the \$150.00 (One Hundred Fifty Dollars fee) with this letter in case you accept the waiver. If not, please advice.

Thank you again,

Sincerely.

Nancy M. Vazquez President/Owner

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LAZARUS CORPORATE FILING SERVICE	
3320 S.W. 87 AVENUE	
MIAMI, FLORIDA (305)552-5973	
TERESA ROMAN (TALLAHASSEE REPRESENTATIVE)	OPPLET LINE COLUMN
	OFFICE USE ONLY
CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):	
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3.	
(Corporation Name) 4.	(Document #)
(Corporation Name)	(Document #)
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