

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

03 DEC 26 PM 3:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000002030

**1. Corporation Name**

NCA INVESTORS ASSOCIATION, INC.

**2. Principal Office Address**

2925 N.W. 58<sup>TH</sup> ST.

Suite, Apt. #, etc.

#1

City & State

MIAMI, FLORIDA

Zip

33142

Country

USA

**3. Mailing Office Address**

11770 W. GOLF DRIVE

Suite, Apt. #, etc.

#5-102

City & State

MIAMI, FLORIDA

Zip

33167

Country

USA

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

01-06-2000

**5. FEI Number**

65-0974496

Applied For

Not Applicable

**6.**

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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

Name

NANCY M. VAZQUEZ

500025821255

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

11770 W. GOLF DRIVE #5-102

12/30/03--01004--001 \*\*150.00

Suite, Apt. #, Etc.

#5-102

City

MIAMI,

State

FL

Zip Code

33167

**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

Date

REGISTERED AGENT MUST SIGN

**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
P.D.	MARtha E. Perez	11770 W. GOLF DRIVE (#5-102)	MIAMI, FL. 33167
D.S.	NANCY M. VAZQUEZ	11770 W. GOLF DR. #5-102	MIAMI, FL. 33167

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/00)

NCA Investors Association, Inc.  
11770 W. Golf Drive #5-102  
Miami, Florida 33167  
(305-636-1770 or 786-290-9481)

December 19, 2003

Department of Reinstatement of Corporations  
Tallahassee, Florida

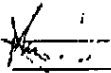
Dear Sir/Madam:

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. Also I did not received the annual report form. Please accept the payment of \$150.00 (Dollars) fee that I 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.

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.

Thank you again,  
Sincerely,

  
\_\_\_\_\_  
Nancy M. Vazquez/Director