

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 NOV 13 PM 12:39

DOCUMENT # P00000075915

1. Corporation Name

N.H.C.M. Investments Inc.

2. Principal Office Address

13835 N.W. 11th St.

Suite, Apt. #, etc.

City & State

Pembroke Pines, FL

Zip

33028

Country

USA

3. Mailing Office Address

13835 N.W. 11th St.

Suite, Apt. #, etc.

City & State

Pembroke Pines, FL

Zip

33028

Country

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

8-10-2000

5. FEI Number

65-1059542

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 01

7. Name and Address of Current Registered Agent

Name

ANA VELIZ Esq

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

999 PONCE DE LEON BLVD.

Suite, Apt. #, Etc.

Penthouse 1120

City

CONCE GOBLER

State

FL

Zip Code

33134

500004703735-8

-12/04/01--01033--13

*****750.00 *****70.00

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

Ana Veliz

REGISTERED AGENT MUST SIGN

Date

11/1/01

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	DE Angelis, Raimondo	13835 N.W. 11 th St.	Pembroke Pines, FL 33028
D	KAJAYAN, ANA	13835 N.W. 11 th St.	Pembroke Pines, FL 33028

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 #

11/1/01 (305) 951-7839

CR2E001 (9/00)