

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION

~~REINSTATEMENT~~



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 MAY -5 AM 9:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000009113

1. Corporation Name

N.C.J. WALL SYSTEM, INC.  
6001 HIBISCUS RD  
ORLANDO, FL 32807

2. Principal Office Address

CESAR O. LEON

Suite, Apt. #, etc.

6001 HIBISCUS RD

City & State

ORLANDO, FL

Zip

32807

Country

orange

3. Mailing Office Address

Suite, Apt. #, etc.

same

City & State

Zip

Country

2002-2003 UBR

4. Date Incorporated or Qualified  
To Do Business in Florida

01/24/2001

5. FEI Number

59-3693093

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

CESAR O. LEON

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

6001 HISCUS RD

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32807

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

REGISTERED AGENT MUST SIGN

Date 4-25-03

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

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip |
|--------|--------------------------------------|---|--------------------|
| P      | CESAR O. LEON                        | 6001 HISCUS                                       | ORLANDO, FL 32807  |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |

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 #

4-25-03 402-3935

262

April 25, 2003

DIVISION OF CORPOR  
DEPARTMENT OF STATE  
P. O. BOX 6327  
TALLAHASSEE, FL 32314

N.C. J. WALL SYSTAM, INC.  
CESAR O. LEON, REGISTERED AGENT  
6001 HISCUS RD  
ORLANDO, FL 32807

To Whom It May Concern:

I AM MAKING THIS LETTER OF EXPLANATION, DUE TO MY  
DIVORCE, I MOVED MY BUSINESS TO ANOTHER LOCATION  
I NEVER RECEIVED THE ANNUAL REPORT FOR THE YEAR  
2002 AND 2003. I AM SENDING THE REIN STATEMENT  
APPLICATION AND THE CHECK OF \$300.00.  
IF YOU HAVE ANY QUESTION PLEASE CONTACT ME AT  
(407)402-3935.

SENCERELY,

CESAR O. LEON

