## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT  FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		PALLAINASSEE, FLORIDA
DOCUMENT # 80100000 9933		36E A 1600
1. Corporation Name		NOA
Ezcor Direct, Inc.		
	Ti de la companya de	EINSTATEMENT 04-06
2. Principal Office Address 9858 Glades Road.	3. Mailing Office Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	CR2E081 (1300) Since JAN 20 701
Suite 114		4. Date Incorporated or Qualified To Do Business in Florida
City & State BOCA Raton, Fl	City & State	S. FEI Number Applied For
Zip Country	Zip Country	Not Applicable  6. Not Applicable  8. S 75 Add: gna, fee required
33434 U.S.A.		CERTIFICATE OF STATUS DESIRED for a Certificate of Status
7. Name and Address of Current Registered Agent  Name		
Street Address (P.O. Box Number is Not Acceptable)  9858 Glades 2000.		
9858 Glades Road.		
Suite 114		
City BOCA R	alon fl 33434	FL Zip Code 33434.
8. I, being appointed the registered eacht 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		
Titles Name of	nd/or Director (Florida nonprofit corporations must list at le Street Address of Eac	h City / State / Zin
Officers and/or Directors		
1 Sear Monta		Suite 114 DOCK taron 11 35/3/
V Sean Thomas 11 "		
T Neal Simu	0,, 2, 1	3004 Ralon, F1 33487
S Sean Thom	IAC. 9858 Glades Roc	3014 Raton FT 33434
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 shd the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, 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:  1-13-06. Sbi-400-711		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		