

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 JUL 13 AM 8:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PO1000020159

1. Corporation Name

NCA ENTERPRISES INC.

2. Principal Office Address - No P.O. Box #

20201 E. Country Club Dr.

Suite, Apt. #, etc.

601

City & State

Aventura Florida

Zip

33180

Country

USA

3. Mailing Office Address

20201 E. Country Club Dr.

Suite, Apt. #, etc.

601

City & State

Aventura, Florida

Zip

33180

Country

USA

7. Name and Address of Current Registered Agent

Name

NABIL ABUARAM

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

20201 E. Country Club Dr.

Suite, Apt. #, Etc.

601

City

Aventura

State

FL

Zip Code

33180

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

6/25/2007

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
PRES.	NABIL ABUARAM	20201 E. Country Club Dr. # 601, Aventura, FL 33180	Aventura, FL 33180
TREAS.	"	"	"
SEC.	"	"	"

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 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/25/07

Date

954-543-2415

Daytime Phone #

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida

6/23/2001

5. FEI Number

65-108-1299

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$9.75 Addition of Fee required for a Certificate of Status.

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.