

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 #** P01000020159

**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

**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** ☐

\$375 Addition of Fee required  
for a Certificate of Status.

**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

☒ 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.

**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.	"	"	"

500106074845  
07/13/07--01057--005 \*\*450.00

**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 #

6/25/07 JUL 13 2007