

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

03 JAN 15 PM 12:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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01/15/03--01086--025 **900.00

REINSTATEMENT 02-03

DOCUMENT # **PO1000020159**

1. Corporation Name

NCA ENTERPRISES INC.

2. Principal Office Address

14471 N.W. 2nd Ave

3. Mailing Office Address

14471 N.W. 2nd Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami FL

Zip

33054

Country

Zip

33054

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-1081299

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

NABIL ABUAKAM

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

14471 N.W. 2nd Ave

Suite, Apt. #, Etc.

City

Miami

State
FL

Zip Code

33054

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

X Nabil Abuakam

REGISTERED AGENT MUST SIGN

Date

01/08/2003

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.T.S	NABIL ABUAKAM	14471 N.W. 2 nd Ave	Miami-Fla 33054

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

01/08/2003

Date

Daytime Phone #