

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

REINSTATEMENT

FILED

02 OCT 28 PM 4:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000069601

1. Corporation Name

NYC GROUPS, INC.

Principal Place of Business

3006 WEST BROAD STREET  
TAMPA FL 33614

Mailing Address

3006 WEST BROAD STREET  
TAMPA FL 33614

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

07/12/2001

5. FEI Number

59-3732122

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	LASTRA, ROBERT	3006 WEST BROAD STREET	TAMPA FL 33614

500008631475  
10/28/02--01104--027 \*\*150.00

8. Name and Address of Current Registered Agent

LOPEZ, AL R JR  
4600 WEST CYPRESS STREET STE 500  
TAMPA FL 33607

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

AS REQUIRED  
REGISTERED AGENT MUST SIGN

Date

10/24/02

11. 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:

Robert Lastra  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/24/02 813-932-7233

CR2E040 (8/02)

***NYC Groups, Inc.***

**3006 W. Broad Street  
Tampa, Fla. 33614**

Owner Robert Lastra

Phone - 813-932-7233

Fax - 813-931-2572

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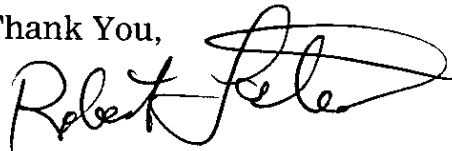
Thursday, October 24 , 2002

Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, Fla. 32314

Dear Sirs,

As of this date, I swear that I have not received any business report (UBR) notices, and am sending a check in the amount of \$150.00 for reinstatement to active status.

Thank You,

A handwritten signature in black ink, appearing to read "Robert Lastra", with a large, stylized flourish at the end.

Robert Lastra - President