PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 NOV 21 AM 9:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000060209

1. Corporation Name
NBA ENTERPRISES, INC.

W06 -47920

CR2E081 (12/05) 03-06

2. Principal Office Address	3. Mailing Office Address
1820 Hidden Pine lane	PO Box 917772
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Apopka Florida	City & State: Longwood Florida
Zip: 32712 Country:	Zip: 32791-7772 Country:

4. Date Incorporated or Qualified To Do Business in Florida: 5-31-2002

5. FEI Number: 04-367 4673 ☑ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $5.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Florentina Trabulsy

Street Address (P.O. Box Number is Not Acceptable): 1820 Hidden Pine Ln

Suite, Apt. #, Etc.:

City: APOPKA. State: FL Zip Code: 32712

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: Florentina Trabulsy Date: 10-10-06
REGISTERED AGENT MUST SIGN

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	Florentina Trabulsy	1820 Hidden Pine Lane	Apopka FL 32712
V	Nick Trabulsy	275 Rollingwood Trail	Altamonte Springs FL 32714
S	Brittany Trabulsy	275 Rollingwood Trail	Altamonte Springs FL 32714
		900081383029 10/31/06--01026--020 **750.00	
		900081383029 10/31/06--01026--021 **9.75	
		06/20/05 01079 007 $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: Nick Trabulsy 10-10-06 407-468-5030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JC 11/22