

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 18 AM 9:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000117218

1. Corporation Name

NCCI FX CORP.

Principal Place of Business

Mailing Address

100 W CYPRESS CREEK RD STE 945
FT LAUDERDALE FL 33309

100 W CYPRESS CREEK RD STE 945
FT LAUDERDALE FL 33309



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

REINSTATEMENT 03

2. New Principal Office Address, If Applicable

1700 NW 64th ST.

3. New Mailing Office Address, If Applicable

1700 NW 64th ST.

4. Date Incorporated or Qualified
To Do Business In Florida

10/31/2002

Suite, Apt. #, etc.

STE: 100

Suite, Apt. #, etc.

Suite 100

5. FEI Number

541840072

Applied For

Not Applicable

City & State

FT. Lauderdale FL

City & State

FT. Lauderdale FL

Zip

33309

Country

USA

Zip

33309

Country

FL

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	GOLDMAN, SAM	100 W CYPRESS CREEK RD STE 945	FT LAUDERDALE FL 33309
	Goldman Sam	1700 NW 64th ST. Ste 100	FT. Lauderdale, FL 33309

400024779134
11/18/03--01019--022 **750.00

8. Name and Address of Current Registered Agent

HOMER, BONNER & DELGADO, P.A.
100 SE 2 ST STE 3400
MIAMI FL 33131

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

REGISTERED AGENT MUST SIGN

Date

11/5/03

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/5/03

Date

Daytime Phone #

CR2E040 (7/03)