2004 FOR PROFIT, CORPORATION REINSTATEMENT

DOCUMENT # P02000128 1. Entity Name N.C.A. HOME REMODELING & LANI Principal Place of Business 2925 N.W. 58TH ST MIAMI, FL 33142			FILED 04 OCT 20 PM 1: 45 SECRETARY OF STATE TALLAHASSEE, FLORAGE				
2. Principal Place of Business () 3. Mailing Address () 46							
1825 N.W. 11213 Terra Suite, Apt. #, etc.	incipal Place of Business 3. Mailing Address 3. Mailing Address 3. Mailing Address 3. Mailing Address 4. W. II 2 Tema 4. Apt. #, etc. Suite, Apt. #, etc.			REIN-P	CR2E098 (6/04)	iter in saldt	
City & State	. City & State		4. FEI Numb				
MIAMI FORIDA Zip Country		Country	32-005	7	Not \$8.75 Addi	Applicable	
33/67 DADE 6. Name and Address of Current	33/67	DADE		of Status Desired Address of New Regist	Fee Required		
PEREZ, MARTHA E 8412 N. LOIS AVENUE, #12-D TAMPA, FL 33614	vadisterati vitalit	Name PERI Street Addi // 7 7 6	EZ, MAY ess (P.O. Box Numb D. W. Go	Tha E.	(5-/62)	67	
The above named entity submits this statement to the obligations of registered agent.	r the purpose of changing its re			th, in the State of Florida.			
SIGNATURE Martha Perez		·. <u></u>			15-04		
					s. 607.193(2)(b), Freceive the prior n		
10. OFFICERS AND		11.		CHANGES TO OFFICER			
NUE PVSD NUME PEREZ, MARTHA E	☐ Delete	NAME F	VS D PERFZ. MAI	rtha E.	Change .	Addition	
STREET ADDRESS 8412 N. LOIS AVENUE, #12-D CITY-ST-ZIP TAMPA, FL 33614		STREET ADDRESS CITY-ST-ZIP	1770 W	tha E. Golf Drive To Ripa 3	(5-102)		
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CITY-ST-ZP	<u> </u>	CITY-ST-ZIP					
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: harthar Pera	5		10	-15-0× 30	5-687-4	752 012	
SIGNATURE AND TYPED OR	FRINTED NAME OF SKIRING OFFICER OF	DIRECTOR		-15-0 × 30	Daytime Phone #	- 87	

Cover letter -

October 15, 2004

Division Of Corporations P. O. Box 6327 Tallahassee, Florida 32314

RE: NCA HOME REMODELING AND LANDSCAPING, CORP.

This letter is to let you know that I have never received the Annual Report by mail and that I notified Tallahassee via internet requesting to please allow me to reinstate at the fee of \$150.00 (One Hundred Fifty Dollars), due to this reason and also for medical reasons was not sent in sooner, at this time I am also enclosing with the annual report the \$8.75 for a certificate of status and an amendment to amend the name of this corporation from: NCA HOME REMODELING AND LANDSCAPING, CORP. TO: NCA LANDSCAPING, CORPORATION, INCLUDING A CHANGE OF ADDRESS WHICH I DID REFLECT ON THE ANNUAL REPORT FORM, THAT I PRINTED FROM THE INTERNET.

I BELIEVE I AM ENCLOSING THE RIGHT AMOUNTS ACCORDING TO THE FEE SCHEDULE THAT I PRINTED FROM THE INTERNET, IF THERE'S AN ERROR, PLEASE FEEL FREE TO CONTACT ME ABOUT IT AND I WILL SOLVE IT IMMEDIATELY.

Thanking you for your consideration of this matter.

Sincerely,

Martha E Perez/President