

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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2007 JUL 16 AM 10:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
2007 AR			
DOCUMENT # 003000110471			
1. Corporation Name			
NBC Corporation			
2. Principal Office Address		3. Mailing Office Address	
2291 NE 44th Street		2291 NE 44th Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Lighthouse Point, FL		Lighthouse Point, FL	
Zip	Country	Zip	Country
33064	USA	33064	USA

7/16/07 01071 006 750.00
CR2E081 (8/05)

4. Date Incorporated or Qualified To Do Business in Florida		10/8/2003
5. FEI Number	Applied For	
68-2682670	Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		

7. Name and Address of Current Registered Agent		
Name		
DeReuil, Louis		
Street Address (P.O. Box Number is Not Acceptable)		
2600 NE 14th Street		
Suite, Apt. #, Etc.		
City		
Pompano Beach		
State	Zip Code	
FL	33062	

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

Date

REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/S/D	Bassett, Richard R.	2291 NE 44th Street	Lighthouse Point, FL 33064
V/T/D	Cochran, David	8929 Promise Drive	Tampa, FL 33626
			\$750.00
			#1571 7/9/07

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)(f), 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

7/11/07

Date

934 646 2215

Daytime Phone #

7/19/07