

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 NOV -7 AM 11:12

DOCUMENT # **PO400085863**

1. Corporation Name

Nbc International Company

2. Principal Office Address

1211 SE 5 TER

Suite, Apt. #, etc.

City & State

Cape Coral, FL

Zip
33990

Country
USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Hector Carrasco

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

1211 SE 5 TER

Suite, Apt. #, Etc.

City

Cape Coral

State
FL

Zip Code

33990

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

REGISTERED AGENT MUST SIGN

Date **11/1/2006**

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
President	Hector Carrasco	1211 SE 5 TER	Cape Coral, Florida. 33990
Secretary	Ilia A. Carrasco	1211 SE 5 TER	Cape Coral, florida. 33990
Treasurer	Azucena Carrasco	1604 Pennsylvania Ave. Ap. 303	Miami Beach, FL. 33139
			330081579403
			11/07/06--01023--001 **308.75

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/1/2006

Date

239-242-7318

Daytime Phone #

@. Mitchell OCT 27 2006