

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **PO7 000030268**

1. Corporation Name

**N.B.C. INVESTMENT CORPORATION**

2. Principal Office Address - No P.O. Box #

**7722 HINSDALE DR**

Suite, Apt. #, etc.

3. Mailing Office Address

**7722 HINSDALE DR**

Suite, Apt. #, etc.

City & State

**TAMPA, FL**

City & State

**TAMPA, FL**

Zip

**33615**

Country

**HILLSBOROUGH**

Zip

**33615**

Country

**HILLSBOROUGH**

7. Name and Address of Current Registered Agent

Name

**MICHAEL HANSEN**

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

**150 WEST BOVENHILL AVE**

Suite, Apt. #, Etc.

City

**TAMPA**

State

**FL**

Zip Code

**33612**

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

**Michael Hansen**

REGISTERED AGENT MUST SIGN

Date **3/11/2010**

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
PT	HERNANDEZ, AMADA	7722 HINSDALE DRIVE	TAMPA, FL 33615
VP	REYES, ESTHER T.	7722 HINSDALE DRIVE	TAMPA, FL 33615
SEC	CALVACHE, NIURKA B.	7722 HINSDALE DRIVE	TAMPA, FL 33615

10. E-mail Address: **NBCALVACHE@aol.com**

(To be used for future annual report notification)

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, I further certify, 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:

**Niurka B. Calvache**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**3/11/10**

Daytime Phone #

**884-4166**

**FILED**

**10 JUN -1 AM 2:51**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**REINSTATEMENT 08-10**

**200181565862**

**06/01/10--01055--013 \*\*300.00**

**03-23-10 01017 026 \$750.00**

4. Date Incorporated or Qualified  
To Do Business in Florida

**3/7/2007**

5. FEI Number

☒ Applied For  
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required  
for a Certificate of Status**

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.