

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 OCT 17 AM 9:25

SECRET
DATE
10/17/05

DOCUMENT # **P93000013083**

1. Corporation Name

N.B.C. Leisure, Inc

2. Principal Office Address

11700 SW 1st St #105

Suite, Apt. #, etc.

3. Mailing Office Address

**100 Paul Koprowski
10031 Pines Blvd**

Suite, Apt. #, etc.

Suite 224

City & State

Pembroke Pines, FL

City & State

Pembroke Pines, FL

Zip

33025

Country

USA

Zip

33024

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

2/19/1993

5. FEI Number

65-0390385

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (8/05)

7. Name and Address of Current Registered Agent

Name

Paul A. Koprowski, CPA

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

10031 Pines Blvd.

Suite, Apt. #, Etc.

Suite 224

City

Pembroke Pines

State

FL

Zip Code

33024

700660638037
10/17/05--01006--004 **\$00.00

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

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
P	Barry L. Jacobs	11700 SW 1st St #105	Pembroke Pines, FL 33025
V	Claudia Jacobs	11700 SW 1st St #105	Pembroke Pines, FL 33025

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:

Claudia Jacobs

SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR

10/10/05

Date

(954) 438-7114

Daytime Phone #

N.B.C. LEISURE, INC.

(954)438-7114 or 1-800-829-9365

P.O. Box 260908

PEMBROKE PINES, FL. 33026-7908

October 10, 2005

Department of State
Division of Corporations
P.O. Box 5327
Tallahassee, Fl. 32314

Re: Reinstate of P93000013083

Dear Sir,

As per my conversation with Tarran Scott, I am writing you to reinstate our corporation. On our 2003 Uniform Business Report, we did list a change of mailing address to P.O. Box 260908 Pembroke Pines, Fl. 33026-7908. When I called, the old address of 10031 Pines Blvd. Pembroke Pines was showing up and that was the reason we never received the notice. So I was told to enclose a check for \$300.00 for the renewal of 2004 and 2005 and please wave the late fee.

If you have any questions, please call me at (954)438-7114.

In the future please mail the renewals to my agent Paul A Koprowski.

Thanking you in advance.

Sincerely,

A handwritten signature in cursive script that reads "Claudia Jacobs".

Claudia Jacobs
Vice President.