2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P94000033236

1. Entity Name
NBC FORMALS, INC.

FILED
05 MAR 14 PM 1:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 04-05

Principle Place of Business	Mailing Address
2890 VALENCIA LANE, EAST PALM HARBOR, FL 34684 US	2890 VALENCIA LANE, EAST PALM HARBOR, FL 34684 US

2. Principal Place of Business	3. Mailing Address
4636 Orange Grove Way Suite, Apt. #, etc.	4636 Orange Grove Way Suite, Apt. #, etc.
City & State: Palm Harbor Fl	City & State: Palm Harbor Fl
Zip: 34684 County: Pinellas	Zip: 34684 County: Pinellas

4. FEI Number: 59-3283162 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CINDEA, NICK 2890 VALENCIA LANE EAST PALM HARBOR, FL 34677	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Nick Cindea 3/7/05
Signature, typed or printed name of registered agent and title if applicable. (Florida Registered Agent signature required when reinstating) Date

FILE NUMBER FEE IS $300.00

In accordance with s. 607.1931(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CINDEA, NICK 2890 VALENCIA LANE, EST PALM HARBOR, FL 34684 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition Cindea, Nick 4636 Orange Grove Way Palm Harbor Fl 34684
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 500048845035 03/22/05--01016--007 **300.00
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition DR 3/14
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

10B. 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: Nick Cindea 3/7/05
Signature and Typed or Printed Name of Individual Officer or Director Date Daytime Phone #