

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
San Jose, Costa Rica  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

99 JUN 29 PM 1:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000043231**

1. Corporation Name

**New Century Acquisitions, Inc.**

Principal Place of Business

Mailing Address

**620 Golden Harbour Drive, Boca Raton, Florida 33432**

**5631 Coach House Circle, Unit C**

**Boca Raton, Florida 33433**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

**620 GOLDEN HARBOUR DRIVE**

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

**N/A**

Suite, Apt. #, etc.

City & State

**BOCA RATON FL**

City & State

**FL**

Zip

**33432**

Country

**FLA BEACH**

Zip

**33432**

Country

**USA**

**REINSTATEMENT 97-99**

4. Date Incorporated or Qualified To Do Business in Florida

**06/06/1995**

5. FEI Number

**65-0586732**

Applied For

**Not Applicable**

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

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

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
P	Frank DiMisa	620 Golden Harbour Drive 5631 Coach House Circle	Boca Raton, Florida 33432 <del>Boca Raton, FL 33433</del>

8. Name and Address of Current Registered Agent

**Alan Rosenthal, CPA  
3300 North University Drive  
Coral Springs, Florida 33065**

9. Name and Address of New Registered Agent

Name

**WEINER & ARONSON, P.A.**

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

**102 N. SWINTON AVE**

Suite, Apt. #, Etc.

City

**DELRAY BEACH**

State

**FL**

Zip Code

**33444**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

**Michael S. Weiner**  
REGISTERED AGENT MUST SIGN

Date

**6/23/99**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information on intangible tax.)

12. 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 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 taxes 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)(i), 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:

**Frank DiMisa**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**561-395-2130**

**6/23/99**

CP/VE/MD (1-98)