

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Worsham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

98 APR -2 AM 11:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 195000071633

1. Corporation Name

N.O.C., Inc.

Principal Place of Business

Mailing Address

3015 La-Mirage Dr. 8211 W. Broward Blvd Ste. 200  
Inverrary, Fl. 33319 Plantation, Fl. 33324

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

9-12-95

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0612251

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	Srid Nissan	3015 La-Mirage Dr.	Inverrary, Fl. 33319

800002481828--0  
-04/07/98--01099--006  
\*\*\*\*315.00 \*\*\*\*315.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Srid Nissan  
3015 La-Mirage Dr.  
Inverrary, Fl. 33319

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

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 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)(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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (1/98)

2  
**N.D.C., Inc.**

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3015 La-Mirage Dr.  
Inverary, Fl. 33319

March 26, 1998.

Florida Department of State  
Division of Corporations  
Annual Report Section  
P.O. Box 6327  
Tallahassee, Fl. 32314

Re: Administrative Dissolution  
Ref Number: P95000071633

Dear Sir/Madam,

I would like to request an abatement of penalties for the reinstatement of N.D.C., Inc.

The mailing address that you had on file for my corporation was incorrect. As a result, I never received any of the renewal notices that were sent to me.

I am sorry for any inconvenience that this may have caused.

Thanking you in advance for your attention to this matter, I remain,

Very Truly Yours,

Svid Nissan  
President