

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 APR -3 AM 8:03

DOCUMENT # P95 000078891

1. Corporation Name

NCO, INC.

2. Principal Office Address

2288 Foxhound Parkway

Suite, Apt. #, etc.

City & State

Marietta, GA

Zip

30062

Country

Cobb

3. Mailing Office Address

2288 Foxhound Parkway

Suite, Apt. #, etc.

City & State

Marietta, GA

Zip

30062

Country

Cobb

REINSTATEMENT 00-06

CR2E081 (12/05)

**4. Date Incorporated or Qualified
To Do Business in Florida**

10/13/1995

5. FEI Number

65-0260864

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CHAIM OAMI

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

101 SW 94th Terrace

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

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 3/15/06

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
D/P	CHAIM OAMI	101 SW 94th Terrace	Plantation, FL 33324
S/T	ISAAC OAMI	2100 Shiloh Valley, Apt. 4028	Kennesaw, GA 30144

100069917061
04/10/06--01015--007 **1650.00
100069917061
04/10/06--01015--008 **8.75

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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/15/06

Date

404-923-7493

Daytime Phone #