PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

P98000000469

APPLICATION FOR REINSTATEMENT Amended

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

FILED
98 AUG 20 PM 2:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000000469

1. Corporation Name
NTC OF AMERICA LIMITED INC.

Principal Place of Business / Mailing Address
9450 SUNSET DR #103
MIAMI, FLORIDA 33173

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

2. New Principal Office Address, If Applicable: 3116 PINTO DR
Suite, Apt. #, etc.
City & State: KISSIMMEE, FLORIDA
Zip: 34746 Country: US

3. New Mailing Office Address, If Applicable: PO BOX 420447
Suite, Apt. #, etc.
City & State: KISSIMMEE, FLORIDA
Zip: 34742 Country: US

4. Date Incorporated or Qualified To Do Business in Florida: 12/31/97

5. FEI Number: 52-2076127 — [X] Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X] — **$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
CHAIR	RAMON ORTEGA	3116 PINTO DR.	KISS, FLA 34746
PRES	DILCIA E. ORTEGA	3116 PINTO DR.	KISS, FLA 34746
VICE	GERARDO MIRANDA	3116 PINTO DR.	KISS, FLA 34746
TREA	DILCIA E. ORTEGA	3116 PINTO DR.	KISS, FLA 34746
SEC	DILCIA E. ORTEGA	3116 PINTO DR.	KISS, FLA 34746
DIRECT	RAMON ORTEGA	3116 PINTO DR.	KISS, FLA 34746

8. Name and Address of Current Registered Agent
HERIBERTO VALDES
9450 SUNSET DRIVE #103
MIAMI, FLORIDA 33173

9. Name and Address of New Registered Agent
Name: RAMON ORTEGA
Street Address (P.O. Box Number is Not Acceptable): 3116 PINTO DR.
Suite, Apt. #, Etc.
City: KISSIMMEE State: FL Zip Code: 34746

CR2E040 (1/98)

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: Ramon Ortega — REGISTERED AGENT MUST SIGN — Date 8/11/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes [ ] No [X] (See other side for information on intangible tax.)

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*****78.75 *****70.00

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: Ramon Ortega — 8/4/98 — 407-414-9103
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #