

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT #P98000036389

1. Corporation Name  
NORCAP, INC.

FILED

04 JUL 16 AM 9:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. Principal Office Address  
1550 NE MIAMI GARDENS DR.

3. Mailing Office Address  
1550 NE MIAMI GARDENS DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 200

SUITE 200

City & State

City & State

NORTH MIAMI BEACH, FLORIDA

NORTH MIAMI BEACH, FLORIDA

Zip

Country

Zip

Country

33179

33179

REINSTATEMENT 03-04-12

4. Date Incorporated or Qualified  
To Do Business in Florida 4/22/1998

5. FEI Number  
020535916

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

RONALD L. DAVIS, ESQ.

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

1550 N.E. MIAMI GARDENS DRIVE

Suite, Apt. #, Etc.

SUITE 200

City

NORTH MIAMI BEACH,

000039643190

07/28/04-01042-011 \*\*200.00

000039643190

07/28/04-01042-012 \*\*8.75

State

Zip Code

FL

33179

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

7/13/04

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
P/D	RONALD L. DAVIS	SUITE 200 1550 NE MIAMI GARDENS DRIVE	NORTH MIAMI BEACH, FL 33179
S/T	LEONARDO CORTES	3224 NE 184TH STREET	AVENTURA, FLORIDA 33160
V/P	JORGE MENA	SUITE 200 1550 NE MIAMI GARDENS DRIVE	NORTH MIAMI BEACH, FL 33179

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Ronald L. Davis Pres 7/13/04 305-916-2554