

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

02 DEC 23 PM 1:48

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P98000053303

**1. Corporation Name**

NBNC, INC.

**2. Principal Office Address**

4160 Oak Circle  
Suite, Apt. #, etc.

**City & State**

Boca Raton, FL  
Zip Country

33431 USA

**3. Mailing Office Address**

4160 Oak Circle  
Suite, Apt. #, etc.

**City & State**

Boca Raton, FL  
Zip Country

33431 USA

100009248021

11/27/02--01108--014 \*\*1200.00

**REINSTATEMENT** 99-02

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

**5. FEI Number**

65-0846033

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

**7. Name and Address of Current Registered Agent**

**Name**

William Manikas

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

639 East Ocean Avenue

**Suite, Apt. #, Etc.**

Suite 307

**City**

Boynton Beach

State  
**FL**

Zip Code  
33435

300009620243

12/23/02--01005--004 \*\*1200.00

**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 Nov 18 2002

**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/S/D	Stephen King	9052 Villa Portofino Cir	Boca Raton/FL/33496

**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)(f), 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:** Stephen King  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/19/02 SUI-  
239-7935  
Date Daytime Phone #