

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

07 JUL 13 AM 9:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT**

DOCUMENT # **P99 0000 86317**

1. Corporation Name

NBC Interpraise, Inc.

2. Principal Office Address - No P.O. Box #

5482 NW 49th Ct.

Suite, Apt. #, etc.

City & State

Coconut Creek

Zip

33073

Country

USA

3. Mailing Office Address

PO. Box 970532

Suite, Apt. #, etc.

City & State

Coconut Creek Florida

Zip

33097-0532

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

10/08/1998

5. FEI Number

650867876

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

Neide A. Silveira Dias

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

5482 NW 49th Ct.

Suite, Apt. #, Etc.

City

Coconut Creek

State

FL

Zip Code

33073

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 July 10th, 2007

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
PTM	Neide A. Silveira Dias	5482 NW 49th Ct.	Coconut Creek, FL, 33073
VSD	Francisco R. Pereira	5640 Pacific Blvd. #1001	Boca Raton, FL, 33433

600105082596

07/13/07--01057--007 \*\*600.00

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

Neide A. Silveira Dias

July 10th, 2007 (954)775-1026

Date

Daytime Phone #

3. Mitchell JUL 13 2007