

1 of 2

APPLICATION  
FOR  
~~REINSTATEMENT~~FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

200000033119

DOCUMENT # P99000033119

1. Corporation Name

N.C.I. DESIGN, INC.

Principal Place of Business

Mailing Address

3710 N.W. 50TH STREET  
MIAMI FL 331423710 N.W. 50TH STREET  
MIAMI FL 33142

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

04/12/1999

5. FEI Number

05-0910400

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PVST	ACEVEDO, NESTOR	9112 N.W. 145 STREET	MIAMI FL 33018
D	ACEVEDO, NESTOR	9112 N.W. 145 STREET	MIAMI FL 33018

700003460107--3  
-11/13/00--01006--006  
\*\*\*\*150.00 \*\*\*\*150.00

8. Name and Address of Current Registered Agent

RODRIGUEZ, JOSE E  
3710 N.W. 50TH STREET  
MIAMI FL 33142

9. Name and Address of New Registered Agent

Name

NESTOR ACEVEDO

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

9112 N.W. 145 ST.

Suite, Apt. #, Etc.

M

City

MIAMI

State

FL

Zip Code

33018

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

REGISTERED AGENT MUST SIGN

Date

10/16/2000 KE

11. 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 DIRECTOR10/12/2000 3056384555  
Date Daytime Phone #

NCI Design, Inc.

3710 NW 50 Street  
Miami, FL 33142  
(305) 638-4555

10/23/2000 20f2

TO whom it MAY Concerned :

We DID NOT RECEIVED ANY NOTICES  
FOR THE YEAR 2000

& WOULD LIKE LATE FEES TO BE WAIVED.

WE ALSO CALL-IN & REQUESTED THE FORMS  
BUT NEVER RECEIVED ANY.

Thank You

~~HAARD~~