

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 NOV -4 PM 1:29

SECRETARY OF STATE
TALLAHASSEE FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT 02-03

200024417052
11/04/03--01050--007 **300.00

DOCUMENT # 1990000762 46

1. Corporation Name

New Century Investment + Trust,
Co., Inc.

2. Principal Office Address

10185-Collins Ave.

Suite, Apt. #, etc.

1509

City & State

BAI Harbour, FL

Zip

33154

Country

U.S.A.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

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

8/23/99

5. FEI Number

650944978

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

Alberto SARASUA, esq.

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

442-Hampton Lane

Suite, Apt. #, Etc.

City

Key Biscayne

State
FL

Zip Code

33149-1853

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

Alberto Sarasu esq.

REGISTERED AGENT MUST SIGN

Date 11/03/03

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
CEO/ P/D	Salvatore Sam Arena	10185-Collins Ave #1509	BAI Harbour, FL 33154

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:

SSA

CEO/P/D/Dir Nov. 3, 2003

(305) 865 8111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**SALVATORE ARENA
10185 COLLINS AVE
SUITE # 1509
BAL HARBOUR, FL.33154**

November 03, 2003

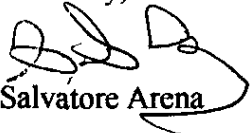
Department of State Division of Corporations
409- East Gaines Street
Tallahassee, Fl. 32399

Re:Reinstatement of Corporation

To Whom it May Concern,

Attached please find check payable to the Secretary of State in the amount of three hundred dollars as requested. As discussed we did not receive the first or second notice for the year 2002 .Thank you.

Sincerely,


Salvatore Arena