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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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**CORPORATION REINSTATEMENT**

**FLORIDA DEPARTMENT OF STATE**  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** P99000083750  
1. Corporation Name  
New Concept Secretarial Services, Inc.

2. Principal Office Address: 9455 NW 109 Street  
3. Mailing Office Address: 9455 NW 109th Street

State, Apt. #, etc.: 101  
City & State: Medley, FL

Zip: 33178 Country: Dade

**REINSTATEMENT** 00-01

4. Date Incorporated or Qualified To Do Business in Florida: 9-17-1999.

5. FEI Number: 65-0949261  
Applied For: Not Applicable

6. CERTIFICATE OF STATUS DESIRED:  Yes  No

7. Name and Address of Current Registered Agent

Name: Vicky Rodriguez  
Street Address (P.O. Box Number is Not Acceptable): 9455 NW 109 Street  
State, Apt. #, Etc.: 101  
City: Medley  
State: FL Zip Code: 33178

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0806 or 617.0503, F.S.

Signature of Registered Agent: *[Signature]* Date: 9-21-01  
REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	Vicky Rodriguez	9455 NW 109 St. Ste# 101	Medley, FL 33178
S/D	LICET, DIAZ	9455 NW 109 ST, Ste# 101	Medley, FL 33178.

AD

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)(b), 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]* 9-21-01 305-805-7303  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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**Florida Department of State**  
Division of Corporations  
Public Access System  
Katherine Harris, Secretary of State

**Electronic Filing Cover Sheet**

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To: Division of Corporations  
Fax Number : (850)205-0384

From: Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305)599-0839  
Fax Number : (305)716-0346

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**CORPORATION REINSTATEMENT**

**NEW CONCEPT SECRETERIAL SERVICES, INC.**

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