PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DOCUMENT # N0200009402

DIVISION OF CORPORATIONS

03 NOV 17 AM P. CO.

1. Corporation Name						AM 8: 00				
NOAH	'S ARK CO	MMUNITY D	EVELOPN	IENT C	ORP	ORATION II	REIN	STATEMENT 03		
Principal Place of Business Malling Addre					ess		1		****	
5659 NOKIMIS CIRCLE ORLANDO FL 32839			5659 NOKIMIS CIRCLE ORLANDO FL 32839			3 11/1		300024739543 17/03-01015-022 **70.00 MR		
	addresses are inco rincipal Office Addr		ough incorrect information and enter correction below. 3. New Mailing Office Address, If Applicable			Date Incorporated or Qualified				
							To Do Business in Florida 12/06/2002			
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.				5. FEI Numbe	Applied For	1		
City & Sta	te	City & State			<u> </u>	O2-0659585 Not Applicable				
Zip Country		Zip Count		Country	,	6. CERTIFICATE OF STATUS DESIRED (13) 88.75 Additional Fee required for a Certificate of Status		d		
7. Names	and Street Addres	ses of Each Officer an	d/or Director (Fla	rida nonprof	it corpora	tions must list at lea	ast 3 directors)		Ţ	
Title(s)	Name of Officers and/or Directors			Street Address of E Officer and/or Dire				City / State / Zip		
D	D THOMPSON, CHRISTINA R REV			5659 NOKIMIS CIRCLE 131 PORT STEWART DR. 6304 BOYER ST.			ORLANDO FL 32839			
D								ORLANDO FL 32828		
D								ORLANDO FL 32810		
8. Name and Address of Current Registered Agent						9. Name and Address of New Registered Agent				
TATE ANDRE					Name			م بير - ميد مساولا بد	740 (7/03)	
TATE, ANDRE 5659 NOKIMIS CIRCLE ORLANDO FL 32839				Street Address		P.O. Box Number is Not Acceptable)				
				Suite, Apt. #, Etc.						
						City		State Zip Code		
		gistered agent of the a	bove named corpo	pration, am f	amiliar wi	th and accept the o	bligations of Sect	ion 607.0505, F.S. or 617.0505, F.S.	1	
Signature Registered	of d Agent (///	aus N.	and		الطاليا	HARL		Date 10-20-03		
	•		REGISTERED AG	ENT MUST	SIGN					

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 filling 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 DIRECTOR

10-20-03

407-856-8260

Daytime Phone #

October 22, 2003

Division of Corporations Annual Report/Reinstatement Section P.O. Box 6327 Tallahassee, FL 32314-6327

To The Department of State,

This letter is in regards to the notice received on October 9, 2003. As stated in the notice, Noah's Ark Community Development Corporation, Inc. failed to reinstate before the September 19, 2003 deadline.

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According to our records, the UBR notices were not received by our office. At this time, we are sending the \$61.25 fee to reinstate.

Sincerely,

Andre Tate,

Director