PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
02 MAY 13 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

Noni's Place Inc. N97000002822

REINSTATEMENT 1998-2002

400005558254--4
-05/20/02--01001--003
****490.00 ****490.00

2. Principal Office Address	3. Mailing Office Address
19001 NW 23rd Avenue	19001 NW 23rd Avenue
Suite, Apt #, etc	Suite, Apt #, etc:
City & State: Miami, Florida	City & State: Miami, Florida
Zip: 33056 Country: USA	Zip: 33056 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 65-0753401 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $8.75 Additional Fee required for a Certificate of Status

5/11/02

7. Name and Address of Current Registered Agent

Name: Rosa W. Miller

Street Address (P.O. Box Number is Not Acceptable): 15941 NW 18th Place

Suite, Apt #, Etc:

City: Miami State: FL Zip Code: 33054

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: Rosa W. Miller Date: 4/29/02

REGISTERED AGENT MUST SIGN

CR2E061 (9/01)

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
Chair	Rev. Milton E. Rolle	17321 NW 20th Avenue	Miami FL 33056
Vice	Rosa Miller	15941 NW 18th Place	Miami, FL 33054
Sec	Raymond Walker	15120 NW 23rd Avenue	Miami, FL 33054
Treas	Dorothy Gibson	15250 NW 22nd Avenue	Miami, FL 33054

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: Rosa W. Miller 4/29/02 305-620-7718

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #