

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

08 JAN 11 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (1/07)

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P04000127633**

1. Corporation Name
A NOVEL EXPERIENCE INC

W07 0000 62132

2. Principal Office Address - No P.O. Box # 5905 CR 352		3. Mailing Office Address 5905 CR 352	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 1A	
City & State KEYSTONE HEIGHTS FL		City & State KEYSTONE HEIGHTS FL	
Zip 32656	Country CLAY	Zip 32656	Country CLAY

4. Date Incorporated or Qualified To Do Business in Florida **9-8-04**

5. FEI Number **20-1614494**

Applied For	<input type="checkbox"/>
Not Applicable	<input type="checkbox"/>

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

7. Name and Address of Current Registered Agent

Name
AKILA COULOMBIS

Street Address (P.O. Box Number is Not Acceptable)
5905 CR 352

Suite, Apt. #, Etc.

City
KEYSTONE HEIGHTS

State
FL

Zip Code
32656

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 _____ Date _____

REGISTERED AGENT MUST SIGN

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
P	AUDREY COULOMBIS	5905 CR 352	KEYSTONE HEIGHTS FL 32656
T	AKILA COULOMBIS	5905 CR 352	KEYSTONE HEIGHTS FL 32656

400115904094
01/23/08--01033--021 **\$00.00

REINSTATEMENT REINSTATED **12-22-07**

RLH **01-07**

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 contained in Chapter 119, 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: **Akila Coulombis** **AKILA COULOMBIS**

Date **12-22-07** Daytime Phone # **3524731944**