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2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000008003 1. Entity Name NOODLE WORLD, INC.						FILED 07 FEB 19 PM 4: 11				
Principal Place of Business 3665 EAST BAY DRIVE SUITE #146 EAST BAY PLAZA LARGO, FL 33771			Mailing Address 3665 EAST BAY DRIVE SUITE #146 EAST BAY PLAZA LARGO, FL 33771				SECRETARY TALEAHASSE	(* 48 /24 (8)/) 25(1) 25(1)		
2. Principal Place of Business			3. Mailing Address			1				
Suite, Apt. #, etc.			Suite, Apt. #, etc. City & State			01082007 4. FEI Numb	INSTAT		Applied For	
City & State			oity a state		4. FEI NUMB	er 		Not Applicable		
Zip	Country		ip Countr		У	5. Certificate	of Status Desired [□ \$8.75 A Fee Requ		
	6. Name and Address of Co	urrent Regis	tered Agent		Name	7. Name and	Address of New Regis	stered Agent		
VALZ, JOS	SEPH F	Name								
710 94TH AVE NO #302 ST. PETERSBURG, FL 33702					Street Address (P.O. Box Number is Not Acceptable)					
				-	City	City FL Zip Code				
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.										
SIGNATURE										
**	Signature, typed or printed name of registers	ed agent and title	rappicable. (NOTE	:: Hegistered	3 Agent signature redu	iirea when reinstating		DATE		
FILE NOW!!! FEE IS \$300.00							In accordance with corporation did not	s. 607.193(2)(b receive the price	o), F.S., the or notice.	
10.	OFFICERS	S AND DIREC	CTORS	11.		ADDITIONS	/CHANGES TO OFFICER	RS AND DIRECTO	DRS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHAROENMITR, VIROON 3665 EAST BAY DRIVE #1 LARGO, FL 33771	46	☐ Delete	TITLE NAME STREE CITY-S	T ADDRESS	40 02/28	0008898 2/07010080	□ Chang 4□14 107 **150		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JAROENMIT, BUSAKORN 3665 EAST BAY DRIVE #146 STR				T ADDRESS ST-ZIP	☐ Change ☐ Addition 400088984014 02/22/0701008008 **150.00				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		1			☐ Chang	e 🔲 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete					☐ Chang	e 🔲 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete					☐ Chang	e 🔲 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Delete	CITY-:	उ ADDRESS ST-ZIP			☐ Chang		
12. I hereby	certify that the information suppli	ed with this f	iling does not qualify for	r the exer	mptions containe	d in Chapter 119	et an if made under eath	ner certify that the	a information	

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of the state empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or or an attachment with a didress, with all other like empowered.

SIGNATURE:

| SIGNATURE | SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | SIGNATURE | SIG





Professional Financial Services & Associates, Inc.



710 - 94th Avenue North / Suite 302 / St. Petersburg, FL 33702 (727) 577-9602 / Fax (727) 577-6413 / Toll Free 1-888-810-3899 Email: Joe_Valz@yahoo.com

December 7, 2006

Florida Dept. of State Div. of Corporations P O Box 6327 Tallahassee, Florida 32314

Re: Noodle World, Inc. P05000008003

My client just became aware that his Corporation has not been renewed for the year 2006. As he did not receive a notice, I would like to request that you reinstate the corporation at the annual rate of \$150.00. Enclosed is a check for both years in the amount of \$150.00.

Thank you.

Enclosure