

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION**  
 2000 U.B.R.  
 FLORIDA DEPARTMENT OF STATE  
 Katherin...  
**P99000070713**

**DOCUMENT #**  
 1. Corporation Name  
**NOOR BUSINESS INC.**

2. Principal Office Address  
**849 S. WYMORE RD. SUITE 31A**  
 City & State: **FLORIDA ALTAMONTE SPRINGS**  
 Zip: **32714** Country: **SEMINOLE**

3. Mailing Office Address  
**8700 E. COLONIAL BL.**  
 City & State: **ORLANDO, FLORIDA**  
 Zip: **32817** Country: **ORANGE**

**FILED**  
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 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: **59-359-1799**  
 Applied For:  Not Applicable

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

**7. Name and Address of Current Registered Agent**

Name: **MOHAMMED N ISLAM**  
 Street Address (P.O. Box Number is Not Acceptable): **849 S. WYMORE ROAD SUITE 31A**  
 City: **ALTAMONTE SPRINGS**  
 State: **FL** Zip Code: **32714**

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 \*\*\*\*\*150.00 \*\*\*\*\*150.00

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: *[Signature]* Date: **11-07-00**  
 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
DIRECTOR	MOHAMMED N. ISLAM	849 S. WYMORE RD. #31A	ALTAMONTE SPRINGS, FL 32714
<div style="border: 2px solid black; padding: 5px; display: inline-block;">                     This is the UNIFORM BUSINESS REPORT for the year 2000.                 </div>			

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: *[Signature]* Date: **11-07-00** Daytime Phone #: **407-273-7086**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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(2)

To

MR. BUCK KOHR

~~CORPORATE SPECIALIST~~  
DIVISION OF CORPORATION

00 NOV 15 AM 10:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

DEAR SIR,

THIS LETTER IS TO LET YOU KNOW THAT I  
DID NOT RECEIVE YOUR 2000 UNIFORM BUSINESS  
REPORT NOTICES.

I HAVE COME TO KNOW ABOUT THE MATTERS, AS  
I RECEIVED A CALL FROM FLORIDA LOTTO.

I WOULD SINCERELY APPRIATE, IF YOU KINDLY  
NAIVE THE \$600.00 PENALTY FEE AND REINSTATE  
THE CORPORATION.

THANKING YOU FOR YOUR COOPERATION.

SINCERELY

*Mohd Nizam Islam*

MOHAMMED N ISLAM

PRESIDENT

NOOR BUSINESS INC.

11-07-00

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