

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 SEP 18 AM 8:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



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

DOCUMENT #

521043

1. Corporation Name

Noel Enterprises of Melb. INC

2. Principal Office Address

515 Glen Creek DR.

Suite, Apt. #, etc.

City & State

Port Canaveral FL

Zip

32920

Country

USA

3. Mailing Office Address

650 Jackson Lt

Suite, Apt. #, etc.

City & State

Satellite Bch, FL

Zip

32937

Country

USA

REINSTATEMENT 98-02

4. Date Incorporated or Qualified To Do Business in Florida

1977

5. FEI Number

59-1714872

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

GARY E. NOEL

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

650 Jackson Ct.

Suite, Apt. #, Etc.

500007854725-9

-09/19/02-01082-023

\*\*\*1358.75 \*\*\*1358.75

City

Satellite Bch

State

FL

Zip Code

32937

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

*Gary E. Noel*

REGISTERED AGENT MUST SIGN

Date 2/15/02

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
PT/D	Gary E. Noel	650 Jackson Ct	Sat Bch, FL 32937
PT/D	Charles A. Noel	2370 GRAND TETON Blvd	Melb. FL 32901
D	Charles E. Noel	650 Jackson Ct	SAT Bch FL 32901

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Gary E. Noel*

Date

2/15/02

Daytime Phone #

321-453-4720

CR2E081 (9/01)