1/2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 FEB 20 PM 4:00

CORPORATION REINSTATEMENT

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

01-02 UBR

400005080974--4
-03/11/02--01063--011
****300.00 ****300.00

DOCUMENT # 643595

1. Corporation Name

Norka, Inc.

2. Principal Office Address	3. Mailing Office Address
1455 NW 107 Ave	9804 SW 124 Terrace
Suite, Apt. #, etc.: Suite 670	Suite, Apt. #, etc.:
City & State: Miami, FL	City & State: Miami, FL
Zip: 33172 Country: USA	Zip: 33176 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 59-1975209 ☐ 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: Ana Aleite

Street Address (P.O. Box Number is Not Acceptable): 9804 SW 124 Terrace

Suite, Apt. #, Etc.:

City: Miami State: FL Zip Code: 33176

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: Ana L. Aleite Date: 1/31/02

REGISTERED AGENT MUST SIGN

CR2E081 (8/98)

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/D	Ana Aleite	9804 SW 124 Terrace	Miami, FL 33176
VP/D	Maria Sanin	9301 SW 140 Street	Miami, FL 33176

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: Ana L. Aleite Ana Aleite, Pres/Dir 1/31/02 (305)937-708

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

-2-

Community Affairs, Inc.

150 East Sample Road, Suite 220
Pompano Beach, Florida 33064
Tel (954)786-9007
Fax (954)786-0261

***** FACSIMILE TRANSMISSION*****

DATE: February 12, 2002 PAGE(s): 1 of 1 (including this page)

FROM: David Keen, Tax Accountant

TO: Reinstatement Dept.
Division of Corporations
State of Florida
409 E. Gaines Street
Tallahassee, FL 32399

TEL: (850)245-6059

Re: Norka Inc. reinstatement for non-receipt of Annual Report notices last two years.

Dept of State,

Per our conversation last week, I am forwarding you two years filing fees for reinstatement of Norka, Inc. The amount of $150.00 per year for a total of $300.00 is included in a cashier's check along with the reinstatement report as requested. Norka, Inc. did not receive any Annual Report notices for the last two years. Please send the reinstatement certificate to the following address:

c/o David Keen
3301 N. Country Club Drive
Suite 510
Aventura, FL 33180-1614

Respectfully submitted,

David Keen

Respectfully acknowledged,

Ana Aleite