

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000006093

1. Corporation Name

CMA NOEL LTD., INC.

2. Principal Office Address - No P.O. Box #

6160 KELTY WAY

Suite, Apt. #, etc.

City & State

LAKE WORTH

Zip

33467

Country

PALM BEACH

3. Mailing Office Address

6160 KELTY WAY

Suite, Apt. #, etc.

City & State

LAKE WORTH

Zip

33467

Country

PALM BEACH

7. Name and Address of Current Registered Agent

Name

Gerard Haryman

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

6160 KELTY WAY

Suite, Apt. #, Etc.

City

LAKE WORTH

State

FL

Zip Code

33467

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

REGISTERED AGENT MUST SIGN

Date

5/29/2007

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	Gerard Haryman	6160 KELTY WAY	LAKE WORTH, Fla. 33467

400103942424
06/04/07--01042--017 **1058.75

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5-29-2007 5816285702

Daytime Phone #

FILED

07 JUN -4 PM 12:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

01-07

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

12/14/95

5. FE Number

133638645

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

☒ 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.