

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # **F910576**

1. Corporation Name  
**NOAH INDUSTRIAL CONSTRUCTION, INC.**

99 APR 23 AM 10:05

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**3811 W. Sligh Ave.  
Tampa, FL 33614**

Mailing Address  
**Same**

**REINSTATEMENT** 97-99

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. New Principal Office Address, If Applicable  
**N/A**

3. New Mailing Office Address, If Applicable  
**N/A**

Suite, Apt. #, etc. **-** Suite, Apt. #, etc. **-**

City & State **-** City & State **-**

Zip **-** Country **-** Zip **-** Country **-**

4. Date Incorporated or Qualified To Do Business in Florida  
**August 23, 1982**

5. FEI Number  
**59-2219063**

Applied For  Not Applicable

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

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PRES	MIKE NOAH	3401 McFarland Rd	TAMPA, FL 33618
SEC / TRS	ANDREW NOAH	3401 McFarland Rd	Tampa, FL 33618

8. Name and Address of Current Registered Agent

**MIKE NOAH**  
**3401 McFarland Rd**  
**Tampa, FL 33618**

9. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, Etc. **9000002861519-4**  
City **-05/04/99-01029-024**  
**\*\*\*1058 SPS FL \*\*\*1058.75**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent   
REGISTERED AGENT MUST SIGN

Date **4/20/99**

11. This corporation owes the current year Intangible Personal Property Tax due June 30.

Yes  No

(See other side for information on intangible tax.)

12. 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)(ii), 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 **MIKE NOAH / PRES**

**4/20/99** (813) 886-4657  
Date Daytime Phone #

CR2E081 (12-99)