

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED
 00 JUL -7 PM 4:08
 SECRETARY OF STATE
 TALLAHASSEE-FLORIDA

DOCUMENT # **F98000004581**

1. Corporation Name
NODEN PROPERTIES LTD., INCORPORATED

Principal Place of Business 315 76 ST. MIAMI BEACH FL 33141	Mailing Address 315 76 ST. MIAMI BEACH FL 33141
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable		3. New Mailing Office Address, if Applicable P.O. Box 416681		4. Date Incorporated or Qualified To Do Business in Florida 08/11/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 11-2659630	
City & State		City & State Miami Beach, FL		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
		33141	USA		

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	4 City / State / Zip
P	YERO, NORA Marden	315 76 ST.	MIAMI BEACH FL 33141
V	YERO, NORA	315 76 ST.	MIAMI BEACH FL 33141
			200003330172--0 -07/20/00--01061--027 ****750.00 ****750.00
			REINSTATEMENT 99-00
			1824
			07/28/99 90018 044

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
YERO, NORA 315 76 ST. MIAMI BEACH FL 33141		Name Fidel Yero	
		Street Address (P.O. Box Number is Not Acceptable) 8951 NE 8th Ave.	
		Suite, Apt. #, Etc. Apt #119	
		City Miami	State FL
		Zip Code 33138	

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: [Signature] **REGISTERED AGENT** Date: **6/27/00**

11. 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] **REGISTERED AGENT** Date: **6/27/00** Daytime Phone #: **305-804-5859**

CR2E040 (8/99)