

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 SEP -6 AM 10:23

DOCUMENT # **L 00000004814**

1. Corporation Name

**Noric/PC Development Company,
LLC**

2. Principal Office Address

1837 SW 25th

Suite, Apt. #, etc.

#1 suite

City & State

Miami, FL

Zip

33133

Country

USA

3. Mailing Office Address

1837 SW 25th

Suite, Apt. #, etc.

#1 suite

City & State

Miami, FL

Zip

33133

Country

USA

CR2E031 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

4-21-00

5. FEI Number

651003144

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75

Additional Fee required
for Certificate of Status

7. Name and Address of Current Registered Agent

Name

Martin Holness

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

1837 SW 25th

Suite, Apt. #, Etc.

Suite #1

City

Miami

State

FL

Zip Code

33133

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

ML

REGISTERED AGENT MUST SIGN

Date

7-15-06

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	Martin Holness	8761 Sheraton st	Miramar, FL 33023

200079726882
09/12/06--01058--015 **\$350.00

200079726882
09/12/06--01058--016 **\$8.75

REINSTATEMENT 02-06

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in section 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 115, 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:

ML

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7-15-06

Date / Time / Phone #