


2004 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2004 NOV 18 PM 2: 08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000001648			
1. Entity Name NOBLE MERCHANT BANKING, LLC			
Principal Place of Business 6501 CONGRESS AVENUE SUITE 100 BOCA RATON, FL 33487		Mailing Address 6501 CONGRESS AVENUE SUITE 100 BOCA RATON, FL 33487	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
11152004		REIN-LLC CR2E101 (6/04)	
4. FEI Number 65-0860585		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ANGELL CORPORATE SERVICES, INC. ONE NORTH CLEMATIS STREET SUITE 400 WEST PALM BEACH, FL 33401-0000		Name <u>Prank, Nico P.</u> Street Address (P.O. Box Number is Not Acceptable) <u>6501 Congress Ave, Ste 100</u> City <u>Boca Raton</u> FL Zip Code <u>33487</u>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <u>Nico P. Prank, Director</u> Signature, typed or printed name of registered agent and title if applicable.		DATE <u>11/16/04</u> (NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$50.00 After January 1, 2005, Fee will be \$100.00		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PRONK, NICO P 6501 CONGRESS AVENUE STE 100 BOCA RATON, FL 33487 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HORNE, WAYNE R 6501 CONGRESS AVENUE STE 100 BOCA RATON, FL 33487 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PEARLMAN, CHARLES B 6501 CONGRESS AVENUE STE 100 BOCA RATON, FL 33487 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SWIRSKY, BENJAMIN 6501 CONGRESS AVENUE STE 100 BOCA RATON, FL 33487 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LICHTENBERG, BEN 6501 CONGRESS AVENUE, STE 100 BOCA RATON, FL 33487 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MOJAVIST, ERIC 6501 CONGRESS AVENUE, Ste 100 BOCA RATON, FL 33487 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: <u>Eric Mojavist</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		DATE <u>11/16/04</u> Daytime Phone # <u>561-994-1191</u>	