

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2006 JUL 19 PM 2:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L99000007348

1. Limited Liability Company's Name

NOBLE ENTERTAINMENT, LLC

04

*Handwritten initials*

CR2E041 (8/05)

2. Principal Office Address <b>c/o Ritz Carlton</b>		3. Mailing Office Address <b>c/o Ritz Carlton</b>	
Suite, Apt. #, etc. Suite #681-455 Grand Bay Avenue		Suite, Apt. #, etc. Suite #681-455 Grand Bay Avenue	
City & State <b>Key Biscayne, FL</b>		City & State <b>Key Biscayne, FL</b>	
Zip <b>33149</b>	Country <b>USA</b>	Zip <b>33149</b>	Country <b>USA</b>

4. State/Country of Formation <b>Florida</b>	
5. Date Organized or Qualified To Do Business in Florida <b>11/02/1999</b>	
6. FEI Number <b>65-1111349</b>	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name  
**Louis J. Terminello, Esq., Terminello & Terminello, P.A.**

Street Address (P.O. Box Number is Not Acceptable)  
**2700 S.W. 37th Avenue**

Suite, Apt. #, Etc.

City  
**Miami**

State  
**FL**

Zip Code  
**33133**

700077946657  
07/25/06--01031--004 \*\*250.00

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent *[Signature]* Date **05/30/06**

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / Zip
MGRM	Nohemy Noble	c/o Ritz Carlton 455 Grand Avenue, Suite #681	Key Biscayne, FL 33149

**REINSTATEMENT 2004-2006**

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager *[Signature]* Date **05/30/06** Daytime Phone # **(305) 444-5002**

Typed or printed name of signing Managing Member/Manager **Nohemy Noble, Managing Member**