

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV -6 AM 9:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N02000006425**

1. Corporation Name

NOWA'S ARK, INC.

REINSTATEMENT 03



200024180722
11/06/03--01042--026 **236.25

Principal Place of Business

Mailing Address

3050 BISCAYNE BLVD., STE. 901
MIAMI FL 33137

3050 BISCAYNE BLVD., STE. 901
MIAMI FL 33137

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

4. Date Incorporated or Qualified
To Do Business in Florida

08/22/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

315-86-1799

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

| Title(s) 1 | Name of Officers and/or Directors 2 | Street Address of Each Officer and/or Director 3 | City / State / Zip 4 |
|---------------|---|--|-------------------------|
| PSTD | SCHWARTZ, NOWA | 3050 BISCAYNE BLVD., STE. 901 | MIAMI FL 33137 |
| D | SCHWARTZ, JONATHAN S | 3050 BISCAYNE BLVD., STE. 901 | MIAMI FL 33137 |
| D | SCHWARTZ, ALBERT M.D. | 3050 BISCAYNE BLVD., STE. 901 | MIAMI FL 33137 |
| | | | |
| | | | |
| | | | |

8. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145

9. Name and Address of New Registered Agent

| | | | |
|--|--------------------------|----------|--|
| Name | Jonathan Schwarte | | |
| Street Address (P.O. Box Number is Not Acceptable) | 3050 Biscayne Blvd. #901 | | |
| Suite, Apt. #, Etc. | 901 | | |
| City | State | Zip Code | |
| Miami | FL | 33137 | |

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date 10/15/03

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/15/03

Daytime Phone #

CR2E040 (7/03)