PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996 NOV -8 PM 2:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000002925

1. Corporation Name

Noel House, Incorporated

Principal Place of Business / Mailing Address

4824 Porpoise Drive
Sarasota, FL 34231

400002006324--0
-11/15/96--01088--014
****308.25 ****308.25

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable	3. New Mailing Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 2-1-94

5. FEI Number: 65-0448523 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D Pres	John E Sullivan Jr	1852 Hillview St #308	Sarasota FL 34239
D VP	E Douglas Spangler	1620 Main St Suite 3	Sarasota FL 34236
D Treas	Lori-Nan Mihaley	2999 S. Tamiami Tr.	Sarasota FL 34239
D	Rev. Margaret Hoar	4824 Porpoise Dr	Sarasota FL 34231
D Sec	Susan Sullivan	1852 Hillview St #308	Sarasota FL 34239

REINSTATEMENT

8. Name and Address of Current Registered Agent

Carry Le Pine
4824 Porpoise Dr
Sarasota, FL 34231

9. Name and Address of New Registered Agent

Name: John E Sullivan Jr
Street Address (P.O. Box Number is Not Acceptable): 4824 Porpoise Dr
Suite, Apt. #, Etc.:
City: Sarasota State: FL Zip Code: 34231

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 X J Sullivan Jr (REGISTERED AGENT MUST SIGN) Date 11/5/96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☑ (See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation 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: X J Sullivan Jr 11/5/96 941-9558076
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Daytime Phone #)

CR2E040 (12/96)