

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



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

FILED

DOCUMENT # 1195000005018

96 NOV 13 PM 1:08

1. Corporation Name

Noah's Storehouse Incorporated

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

603 N. Beach St.
Daytona Beach, FL 32114

300002003333--5

-11/13/96--01098--002

*61.25 *61.25

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

4. Date Incorporated or Qualified
To Do Business in Florida

10-24-95

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

☒ Applied For
☐ Not Applicable

City & State

City & State

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | 4 City / State / Zip |
|---------------|---|--|-----------------------------|
| P.T. | LAVIGNE, Louis | 1425 Mollie Road | Daytona Beach FL 32114 |
| V. | Scanlan, Robert | 154 Sue Drive | Altamonte Springs FL 32714 |
| D | Lavigne, Marjorie | 1425 Mollie Rd | Daytona Beach, FL 32114 |
| D | Wright, John | 154 Sue Dr. | Altamonte Springs, FL 32714 |
| | | | |
| | | | |

REINSTATEMENT 96/8

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Lavigne, Louis
603 N. Beach St.
Daytona Beach, FL 32114

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

11/13/96

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Louis Lavigne

Date

11/13/96

Daytime Phone #

238-1584

11/13/96

To whom it may concern.

This will notify you that refilting forms were not received by us. As that I was informed there were two mailings of which we have received neither.

John

Agent of Noah's Storehouse.