

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
FILED

03 MAY -8 AM 8:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000038650

1. Corporation Name

NOOR VENTURES, INC.

[Handwritten signature]

2. Principal Office Address

3600 S. STATE ROAD 7

Suite, Apt. #, etc.

SUITE 326

City & State

MIRAMAR, FLORIDA

Zip

33023

Country

U.S.A.

3. Mailing Office Address

3600 S. STATE ROAD 7

Suite, Apt. #, etc.

326

City & State

MIRAMAR, FLORIDA

Zip

33023

Country

U.S.A.

REINSTATEMENT 02-03

**4. Date Incorporated or Qualified
To Do Business in Florida**

04/12/2000

5. FEI Number

65-1000591

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ **\$8.75 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

AHMAD HAFI

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

3600 S. STATE ROAD 7

10001856391

05/08/03--01046--002 ***00.00

Suite, Apt. #, Etc.

SUITE 326

City

MIRAMAR

State

FL

Zip Code

33023

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Handwritten signature]

REGISTERED AGENT MUST SIGN

Date 04/30/2003

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PST	HAFI, AHMAD	3600 S. STATE ROAD 7, #326	MIRAMAR, FLORIDA 33023
V	HAFI, HANANA	BASTA AL-TAHTA FATAHALLA ST.	BEIRUT, LEBANON

10. 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: *[Handwritten signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/30/2003 954-547-1247

Date

Daytime Phone #

CR2E081 (10/02)