

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
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 # P0000038650

1. Corporation Name
NOOR VENTURES, INC.

2. Principal Office Address 3600 S. STATE ROAD 7		3. Mailing Office Address 3600 S. STATE ROAD 7	
Suite, Apt. #, etc. SUITE 326		Suite, Apt. #, etc. 326	
City & State MIRAMAR, FLORIDA		City & State MIRAMAR, FLORIDA	
Zip 33023	Country U.S.A.	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

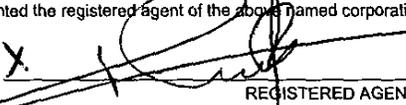
Name AHMAD HAFI

Street Address (P.O. Box Number is Not Acceptable) 3600 S. STATE ROAD 7 10001856391

Suite, Apt. #, Etc. SUITE 326 05/08/03--01046--002 ***00.00

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  Date 04/30/2003

REGISTERED AGENT MUST SIGN

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:  Date 04/30/2003 Daytime Phone # 954-547-1247

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (10/02)