

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 APR 28 AM 10:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000071707

1. Corporation Name

DANILO NOUAK, PA.

2. Principal Office Address

9810 CAMBERLEY CIR.

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO, FLORIDA

City & State

Zip

Country

Zip

Country

32836

4. Date Incorporated or Qualified
To Do Business in Florida

07/24/2000

5. FEI Number

59-3660530

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

PABLO A. RODRIGUEZ

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

310 1/2 S. BUMBY AVE

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32803

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

REGISTERED AGENT MUST SIGN

Date 4/15/03

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
P	DANILO NOUAK	9810 CAMBERLEY CIR.	ORLANDO, FL. 32836
V	REBECCA NOUAK	9810 CAMBERLEY CIR.	ORLANDO, FL. 32836

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DANILO NOUAK

Date

4/15/03

Daytime Phone #

407-832-2615

CR2E081 (10/02)

gt 4/29

April 15, 2003

DEPARTMENT OF STATE
Division of Corporations
P.O. Box 6327
Tallahassee, FL. 32314

Ref.: Corporation Reinstatement

Dear Mr. Jason

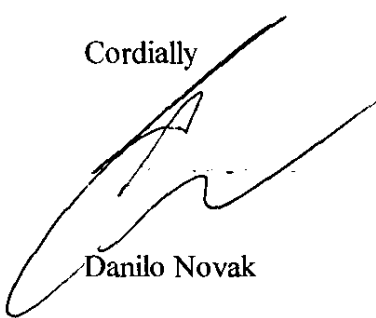
According to our telephone conversation I am sending you a Corporation Reinstatement form with the appropriated fees to reinstate my Corporation.

Attached please find check No.1969 in the amount of \$300.00 in payment of the fees you requested.

Last year we did not pay for the UNIFORM BUSINESS REPORT (\$150.00), because we never received the form.

If you have any questions or need additional information, please do not hesitate to give me a call at (407)832-2615

Cordially



Danilo Novak