

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 FEB -4 PM 1:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12/21/07 01019 014 78.75

CR2E081 (12/07)

DOCUMENT # P01000035160

1. Corporation Name
Noel Entertainment + Records, Inc.

2. Principal Office Address - No P.O. Box #
14737 West Dixie Highway
Suite, Apt. #, etc.

3. Mailing Office Address
Same
Suite, Apt. #, etc.

City & State
Miami, Florida

City & State

Zip Country
33181 USA

Zip Country

4. Date Incorporated or Qualified
To Do Business in Florida 4/6/01

5. FEI Number 65-1092213
 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 Hamler R. Noel
Street Address (P.O. Box Number is Not Acceptable)
14737 West Dixie Highway
Suite, Apt. #, Etc.
City Miami State FL Zip Code 33181

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 _____
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
P	Hamler R. Noel	14737 West Dixie Highway	Miami, Fl. 33181
VP	Nirva Brancedor	14737 West Dixie Highway	Miami, Fl. 33181

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REINSTATEMENT 07-08^{KS}

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 contained in Chapter 119, 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: H. Noel 1/24/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #