2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
05 OCT 20 PM 1:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 04-05

09-14-04 90001 016 $150.00

02162005 REIN-P CR2E098 (6/04)

DOCUMENT # P01000043303

1. Entity Name
NUMEN PRESS, INC.

Principal Place of Business	Mailing Address
1290 N. PARK AVE. WINTER PARK, FL 32789	1290 N. PARK AVE. WINTER PARK, FL 32789

2. Principal Place of Business	3. Mailing Address
	5100 Old Howell Branch Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Winter Park, FL
Zip / Country	Zip: 32789 / Country

4. FEI Number: 59-3720065 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SIU, RACHEL L
5100 OLD HOWELL BRANCH RD
WINTER PARK, FL 32789

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature: Rachel ...] 10/14/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NODARSE, GUILLERMO 1290 N. PARK AVE. WINTER PARK, FL 32789 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 100060955241 10/27/05--01004--010 **750.00
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: x [signature: G. Noda...] 2/15/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

x [signature: G. Noda...] 8/3/05