

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT.**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 DEC 30 AM 11:04

DOCUMENT# P01000098361

1. Corporation Name

NOUBA 7 CORPORATION

500010138905
01/15/03--01086--019 **750.00

2. Principal Office Address

9930 N.W. 21st Street

3. Mailing Office Address

9930 N.W. 21st Street

REINSTATEMENT *02*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33172

Country

Zip

33172

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEIN Number

65-1146127

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

Atrium Registered Agents, Inc.

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

1500 San Remo Ave, Suite 125

Suite, Apt. #, Etc.

Suite 125

City

Coral Gables,

State
FL

Zip Code
33172

8. I, being appointed registered agent of the above named corporation, am familiar and accept the obligations of section 0.0505 or 1.050, F.S.

Signature of
Registered Agent

Leslie A. Share, VP
REGISTERED AGENT MUST SIGN

Date **Dec. 27, 2002**

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City/State/Zip
DPST	Isaac Almosny	19443 40th Court	Sunny Isles, FL 33160

10. I certify that I am an officer or director or trustee empowered to execute this application as provided for in chapter 001, F.S. If further certify that filing this reinstatement application, the reason for dissolution has been eliminated, the corporation names satisfy the requirements of section 0.001 or 1.001, 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 119.0(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:

Isaac Almosny
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dec. 27, 2002

Date

Daytime Phone#

CR2E081(9/01)