

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000118705

1. Corporation Name

NOAH'S Carpet Restoration Inc

REINSTATEMENT

FILED
03 DEC 23 AM 11:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Office Address

P.O. Box 9204

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Panama City Beach FL

City & State

Zip

32417

Country

US

Zip

000025725270

Country

*12/23/03--01025--025 **400.00*
6/30/03 92069 024 159

4. Date Incorporated or Qualified
To Do Business in Florida

5. EEI Number

59-8524565

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

Nathan Brooks

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

1805 Martha Lane

Suite, Apt. #, Etc.

City

Lynn Haven

State

FL

Zip Code

32444

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

12-16-03

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
<i>P</i>	<i>Nathan Brooks</i>	<i>1805 Martha Lane</i>	<i>Lynn Haven, FL, 32417</i>

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nathan Brooks

Date

12-16-03

Daytime Phone #

850 522 0600

CR2E081 (10/02)

TR

December 12, 2003

To Whom It May Concern:

I received your correspondence some time back and mailed a response explaining my situation with my re-instatement form.

Recently, I went online to check the status of my Corporation and as of 12 - 10 - 03, it was still inactive for lack of additional fees (above the \$150.00 I mailed in).

In the first letter I sent you, I explained that I was sharing an office with several other business associates and began noticing that my mail was "mysteriously" disappearing. That address was 3003 N. East Avenue. By the time I figured this out, much of my mail including your notice had not been received. Eventually, I did get your notice and promptly sent in the payment (\$150.00)...past the deadline.

To correct this problem, I got a PO Box which I'm now using:

NOAH'S Carpet Restoration
PO Box 9204
Panama City Beach, FL 32417

When I explained this to a person in your office, she said send in a written explanation with the re-instatement form, which I did and apparently you did not receive. So I'm doing it again, as I really need to get re-instated.

Thank you for understanding.

Nathan Brooks,
NOAH'S Flood Restoration