

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P01000118705

**Entity Name:** NOAH'S RESTORATION, INC.

**FILED**  
**Oct 15, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

4129 NORTH SHORE ROAD  
LYNN HAVEN, FL 32444

**New Principal Place of Business:**

607 HIGHWAY 390  
LYNN HAVEN, FL 32444

**Current Mailing Address:**

4129 NORTH SHORE ROAD  
LYNN HAVEN, FL 32444

**New Mailing Address:**

607 HIGHWAY 390  
LYNN HAVEN, FL 32444

**FEI Number:** 59-8524565

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BROOKS, NATHAN W  
4326 SCHOONER LANE  
LYNN HAVEN, FL 32444 US

**Name and Address of New Registered Agent:**

BROOKS, DANIEL W  
607 HIGHWAY 390  
LYNN HAVEN, FL 32444 US

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.

SIGNATURE: DANIEL BROOKS

10/15/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P/T  
Name: BROOKS, DANIEL W  
Address: 412 COLORADO AVE  
City-St-Zip: LYNN HAVEN, FL 32444 US

Title: VP  
Name: BROOKS, DAVID S  
Address: 1707 CHRISTOPHER DR.  
City-St-Zip: LYNN HAVEN, FL 32444 US

Title: S/VP  
Name: MCMAHON, SHARON L  
Address: 1206 WEST LAKEWALK CR.  
City-St-Zip: PANAMA CITY BEACH, FL 32444 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DANIEL BROOKS

PRES

10/15/2010

Electronic Signature of Signing Officer or Director

Date