|                                                 |                                                    | FLLF                               | ASE NEAD                                       | ALL INS                                               |                                            | ONS BEFOR                                                                                         | \E C                                 | OWIFEE                                                                                        | IIVG I                                         | FILE          | DIXIVI.                         |            |                      |
|-------------------------------------------------|----------------------------------------------------|------------------------------------|------------------------------------------------|-------------------------------------------------------|--------------------------------------------|---------------------------------------------------------------------------------------------------|--------------------------------------|-----------------------------------------------------------------------------------------------|------------------------------------------------|---------------|---------------------------------|------------|----------------------|
|                                                 | RPORATI<br>STATEM                                  | ION                                |                                                | FLORIDA                                               | DEPAR<br>Secretar                          | TMENT OF STA<br>y of State<br>orporations                                                         |                                      | 0                                                                                             | 3 DEC                                          | -9 (          | AH B: 36<br>OF STATE<br>FLORIDA |            |                      |
| 1. Corpora                                      |                                                    |                                    | PO200                                          |                                                       | 756                                        | ,                                                                                                 |                                      | '<br>!                                                                                        | ALLAN                                          |               | ru Mida                         |            |                      |
|                                                 |                                                    |                                    |                                                | ,                                                     |                                            |                                                                                                   |                                      |                                                                                               |                                                |               |                                 |            |                      |
| 2. Principal Office Address 7081 GRAND NAT'L DR |                                                    |                                    |                                                | 3. Mailing Office Address 526 BREVARD AVE             |                                            |                                                                                                   |                                      | REINS                                                                                         | TA                                             |               | ENT                             | 0          | 7                    |
| Suite, Apt. #, etc. SUITE 103                   |                                                    |                                    |                                                | Suite, Apt. #, etc.                                   |                                            |                                                                                                   |                                      | 4. Date Incorporated or Qualified 2/1/02                                                      |                                                |               |                                 |            |                      |
| ORLANDO, FL                                     |                                                    |                                    |                                                | COCOA VILLAGE                                         |                                            |                                                                                                   |                                      | 5. FEI Number 01-05                                                                           | 5. FEI Number Applied 5<br>01-0594004 Not Appl |               |                                 |            |                      |
| Zip<br>32819                                    | 9 USA                                              |                                    |                                                | 2ip Country USA 6.                                    |                                            |                                                                                                   |                                      | SERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee requirements for a Certificate of Status |                                                |               |                                 |            |                      |
|                                                 |                                                    |                                    |                                                | 7. 1                                                  | Name and A                                 | ddress of Current Re                                                                              | egistere                             | d Agent                                                                                       |                                                |               |                                 |            |                      |
|                                                 | Name SULEMAN JIWANI                                |                                    |                                                |                                                       |                                            |                                                                                                   |                                      |                                                                                               |                                                |               |                                 |            |                      |
|                                                 | Street Address (P.O. Box Number is Not Acceptable) |                                    |                                                |                                                       |                                            |                                                                                                   |                                      |                                                                                               |                                                |               | 5                               |            |                      |
|                                                 | 3337 SOHO STREET                                   |                                    |                                                |                                                       |                                            |                                                                                                   |                                      |                                                                                               | <u> 703</u>                                    | 01055         | 005 *                           | :¥150      | 00                   |
|                                                 | Suite, Apt. #, Etc. APT # 102                      |                                    |                                                |                                                       |                                            |                                                                                                   |                                      |                                                                                               |                                                |               |                                 |            |                      |
|                                                 | City OF                                            | RLAN                               | DO                                             | -                                                     | <b></b>                                    |                                                                                                   |                                      |                                                                                               | State<br>FL                                    | Zip Co<br>328 |                                 |            |                      |
| 8. I, being                                     | appointed the                                      | register                           | ed agent of the abo                            | ( \ \                                                 | - 1                                        | amiliar with and accep                                                                            | t the obl                            | ligations of section                                                                          | on 607.05                                      | 05 or 617.    | .0503, F.S.                     |            |                      |
| Signature of<br>Registered /                    |                                                    | 8                                  | vlun                                           |                                                       | ou                                         | OLON .                                                                                            |                                      | <del></del>                                                                                   | Date                                           | 12            | 303.                            |            |                      |
| O Name                                          |                                                    |                                    | <u> </u>                                       | GISTERED AG                                           |                                            |                                                                                                   |                                      | 2 d't \                                                                                       |                                                |               |                                 |            |                      |
|                                                 | and Street Ad                                      | dresses                            | Name of                                        | I/or Director (Fig                                    | orida nonpro                               | fit corporations must list<br>Street Address of                                                   |                                      | st 3 directors)                                                                               | Γ-                                             |               |                                 | •          |                      |
| Titles                                          | Officers and/or Directors                          |                                    |                                                |                                                       | Officer and/or Director                    |                                                                                                   |                                      |                                                                                               | City / State / Zip                             |               |                                 |            |                      |
| PRES                                            | SULEMAN JIWANI                                     |                                    |                                                |                                                       | 3337 SOHO ST # 102                         |                                                                                                   |                                      | ORLANDO, FL 32835                                                                             |                                                |               |                                 |            |                      |
| CEO                                             | RIZWAN HUSSAIN                                     |                                    |                                                |                                                       | 3344 CORONA VILLAGE WAY-# 102-             |                                                                                                   |                                      | ORLANDO, FL 32835                                                                             |                                                |               |                                 |            |                      |
| сто                                             | IRFAN HUSSAIN                                      |                                    |                                                |                                                       | 20 RIVER TERRACE # 10G                     |                                                                                                   |                                      |                                                                                               | NEW YORK, NY 10282                             |               |                                 |            |                      |
|                                                 |                                                    |                                    |                                                | •                                                     |                                            |                                                                                                   |                                      |                                                                                               |                                                |               |                                 |            |                      |
|                                                 |                                                    |                                    | · · · · · · · · · · · · · · · · · · ·          |                                                       |                                            |                                                                                                   |                                      |                                                                                               |                                                |               |                                 |            |                      |
|                                                 |                                                    |                                    |                                                |                                                       |                                            |                                                                                                   |                                      | -                                                                                             |                                                |               |                                 |            |                      |
| this rein<br>owed by                            | statement apply the corporate application (s       | plication,<br>ion have<br>true and | the reason for dissiple<br>been paid and the i | olution has been hames of individing gnature shall ha | n eliminated, juals listed or ave the same | execute this application the corporate name so this form do not qualified legal effect as if made | atisfies t<br>lify for ar<br>e under | he requirements<br>n exemption und<br>oath.                                                   | of section                                     | 607.0401      | l or 617.0401, I                | S., that a | all fees<br>ndicated |



Florida Department of State **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

RE:

Noble Communications, Inc.

7041 Grand National Drive, Ste 120

Orlando, Florida 32819

Attn: Reinstatement Section

We have been engaged to assist Noble Communications, Inc. in correcting a discrepancy that caused the administrative dissolution of their corporation.

Upon reviewing their status on the website, an officer of Noble Communications, Inc. found that the corporation has been administratively dissolved. They did not understand why this happened and contacted our firm for help.

They incorporated on February 1, 2002. Their Federal ID Number is 01-0594004.

This is their first time incorporating a business.

Our interview with Noble Communications found that they have not received any correspondence regarding the filing of the annual report or the additional notices that were sent by your office. We believe that the reason for the discrepancy is that the original address that was filed with the Articles of Incorporation has been changed. They moved their business to the Orlando address listed above late in 2002. Therefore we believe that the annual report and subsequent notices were probably returned to your office as undeliverable.

To prevent this from happening in the future, they are requesting that all further correspondence be addressed to our firm at the address listed below: 6200013156

Noble Communications, Inc.

C/o Ken Harris & Associates, PA

526 Brevard Ave

Cocoa, FL 32922

Since Noble Communications, Inc. did not receive either the annual report or any of the prior notices, and since the omission of filing the annual report was not intentional, we respectfully request that your office abate the reinstatement fee, accept our check in the amount of \$150.00 and reinstate their corporation.

Sincerely,

and the first of the transfer of