

FILED

03 OCT 21 PM 2:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TOTAL F.02
APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000023220

1. Corporation Name
Norse Associates Inc.

Principal Place of Business Mailing Address
141 Crandon Blvd.
#440
Key Biscayne, FL 33149

REINSTATEMENT 03

If above addresses are incorrect in any way, line through incorrect information and enter correction below

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable 512 Woodcrest Road		3. New Mailing Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 2/28/02	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
City & State Key Biscayne, FL		City & State		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> SB 75: Additional Fee required for a Certificate of Status	
Zip 33149 Country USA		Zip Country			

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1	2	3	4
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P/S/D	Sigrun E. Kristinsdottir	512 Woodcrest Road Key Biscayne, FL 33149	Key Biscayne, FL 33149

500023992235
10/21/03--01158--005 **150.00

PR 10/21

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Cesar Gomez 260 Crandon Blvd. #14 Key Biscayne, FL 33149	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	Suite, Apt. #, Etc.	
	City	State FL Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.
Signature of Registered Agent: *[Signature]* Date: 10/17/03
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: *Sigrun Eva Kristinsdottir* 10/17/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2010 (12/05)

SALA & GOMEZ, P.A.

*Attorneys at Law
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Cesar Gomez*

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Salagomez@Hotmail.com*

October 17, 2003

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

RE: NORSE ASSOCIATES INC.
Signin Eva Kristinsdottir

To Whom It May Concern:

Enclosed herewith is the application for reinstatement and a check in the amount of \$150.00 as per our conversation. Ms. Kristinsdottir had moved from her previous address and the mail was not being forwarded to the current address. Please reinstate Norse Associates Inc. as soon as possible.

If you have any questions or concerns, please feel free to contact our office.

Thank you,

Cristina Arechabala
CRISTINA ARECHABALA
