

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

09 JAN -6 PM 5:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000031965

1. Corporation Name

Noble Contracting Corp.

2. Principal Office Address - No P.O. Box #
8002 La Serena Drive

Suite, Apt. #, etc.

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City & State
Tampa, FL.

Zip
33614

3. Mailing Office Address
8002 La Serena Drive

Suite, Apt. #, etc.

-

City & State
Tampa, FL.

Zip
33614

7. Name and Address of Current Registered Agent

Name
OLAYISADE, ADEBAYO IDOWU

Street Address (P.O. Box Number is Not Acceptable)
8002 LA SERENA DRIVE

Suite, Apt. #, Etc.

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City
TAMPA

State
FL

Zip Code
33614

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

Date

REGISTERED AGENT MUST SIGN

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
Pres	Olayisade, Adebayo Idowu	8002 La Serena Dr.	Tampa, FL. 33614
Secret	Olayisade, Adebayo Idowu	8002 La Serena Dr.	Tampa, FL. 33614
Treas	Olayisade, Adebayo Idowu	8002 La Serena Dr.	Tampa, FL. 33614

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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/23/08

Date

Daytime Phone #