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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 08, 2005 8:00 A.M.
Secretary of State

DOCUMENT # PO2000045034

1. Corporation Name
NOAH & PHIL'S INC.

2. Principal Office Address
1271 N.W 119TH STREET

Suite, Apt. #, etc.
N/A

City & State
NORTH MIAMI, FLORIDA

Zip
33167

Country
USA

3. Mailing Office Address
SAME AS # 2

Suite, Apt. #, etc.
N/A

City & State

Zip

Country

REINSTATEMENT 04-05

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
42-1534432

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

James N. Pasteurin

7. Name and Address of Current Registered Agent

Name
NOAH & PHIL'S INC.

Street Address (P.O. Box Number Is Not Acceptable)
1271 NW 119TH STREET

Suite, Apt. #, Etc.
N/A

City
NORTH MIAMI

State
FL

Zip Code
33167

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 05-27-05

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
D.	JAMES N. PASTEURIN	401 NW 152ND STREET	MIAMI, FLORIDA 33169
D.	PHILIPPE PASTEURIN	401 NW 152ND STREET	MIAMI, FLORIDA 33169
			300057653473 -07/19/05--01042--020 **300.00

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

04/01/05 (305) 953-7000
Date Daytime Phone #

CR2E081 (01/05)

7/1/5a

DIVISION OF COORPERATION

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03/02/05

-- IN REFERENCE OF :

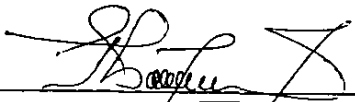
NOAH & PHIL'S INC.
DOCUMENT #: P-02000045034

EXPLANATION OF LATE PAYMENT FOR YEARS 2004

I DID NOT RECEIVE ANY DOCUMENTS OR STATEMENT FROM THE
DIVISION OF CORPORATION. I WOULD LIKE TO RENEW MY
CORPORATION FOR THAT YEAR ON APRIL 1, 2005.

PHILIPPE PASTEURIN THE BUSINESS OWNER, CALL THE DIVISION
TO REQUEST.

THANKS VERY MUCH FOR YOUR PROMPT ATTENTION IN THIS MATTER



PASTEURIN PHILIPPE/OWNER
MANAGER