

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 MAR -6 PM 4:13

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000046701

1. Corporation Name

Novoa Corporation

2. Principal Office Address

2204 Harvard Ct

Suite, Apt. #, etc.

City & State

Riverview, FL

Zip

33569

Country

3. Mailing Office Address

2204 Harvard Ct

Suite, Apt. #, etc.

City & State

Riverview, FL

Zip

33569

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

06-1641511

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

800067972708
03/16/06--01017--004 **150.00
CR2E081 (12/05)

7. Name and Address of Current Registered Agent

Name

Manuel San Juan

Street Address (P.O. Box Number is Not Acceptable)

2204 Harvard Ct

Suite, Apt. #, Etc.

City

Riverview,

State

FL

Zip Code

33569

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

X

[Signature]

REGISTERED AGENT MUST SIGN

MANUEL SAN JUAN

Date

2/18/06

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
P	Manuel San Juan	2204 Harvard Ct	Riverview, FL 33569
VP	Barbara Pacheco	2204 Harvard Ct	Riverview, FL 33569
		<i>[Signature]</i>	

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: X

[Signature]

MANUEL SAN JUAN

PRS.

Date

2/18/06

Daytime Phone #

(813)

503-2698