

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 29 PM 12:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000130420**

1. Corporation Name

**NOBLE WOLF HOME INVESTORS, INC.**

Principal Place of Business

18520 NW 67TH AVE., #282  
MIAMI FL 33015

Mailing Address

18520 NW 67TH AVE., #282  
MIAMI FL 33015

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

2. New Principal Office Address, If Applicable

8611 NW 191 Street  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Same as above.  
Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Zip

33015

Country

USA

Zip

Country

REINSTATEMENT 07

4. Date Incorporated or Qualified  
To Do Business in Florida

12/11/2002

5. FEI Number

82-0587021

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D President	ALVARADO, ADOLFO E	18520 NW 67TH AVE., #282	MIAMI FL 33015

700024250917

10/23/03--01041--014 \*\*150.00

8. Name and Address of Current Registered Agent

ALVARADO, ADOLFO E  
18520 NW 67TH AVE., #282  
MIAMI FL 33015

9. Name and Address of New Registered Agent

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. or 617.0505, F.S.

Signature of  
Registered Agent

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date 09/25/2003

11. 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:

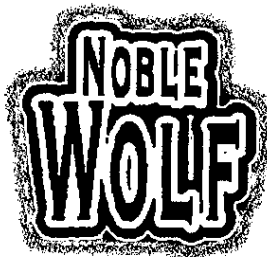
*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/25/03 (305) 829-0362

Date

Daytime Phone #

CR2E040 (7/03)



**HOME INVESTORS, INC.**

18520 NW 67<sup>th</sup> Avenue, # 282, Miami, FL 33015

Dade ☎ (305) 829-0362 / ☎ (305) 829-9595

E-Mail: [noblewolfhomeinv@bellsouth.net](mailto:noblewolfhomeinv@bellsouth.net)

September 25, 2003

UNIFORM BUSINESS REPORT  
DIVISION OF CORPORATIONS  
P.O. BOX 1500  
TALLAHASSEE, FL 32302-1500

Re: EIN # 82-0587021

To Whom It May Concern:

Enclosed please find a check in the amount of one hundred and fifty dollars (\$150.00), which is the payment of the annual report for the year 2003.

We are also including the reinstatement form. We did not receive the original form, so inadvertently we did not pay the fee. Kindly accept this payment and advice.

Thank you in advance for your anticipated cooperation with, and attention to this important matter.

Sincerely,

A handwritten signature in black ink, appearing to read "Adolfo Alvarado", is written over a horizontal line.

Adolfo Alvarado  
President