

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 MAR 23 PM 4: 51

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P03000011695**

1. Corporation Name

NOOR WIRELESS COMMUNICATIONS, INC.

2. Principal Office Address
828 NW 183 ST

3. Mailing Office Address
828 NW 183 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MIAMI FL

City & State
MIAMI FL

Zip
33169

Country

Zip
33169

Country

4. Date Incorporated or Qualified
To Do Business in Florida **01-28-2003**

5. FEI Number
510443179

Applied For
 Not Applicable

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

7. Name and Address of Current Registered Agent

Name
NAEL ABU HUSSEIN

Street Address (P.O. Box Number is Not Acceptable)
19030 NW 57 AVE

Suite, Apt. #, Etc.
#107

City
MIAMI

State
FL

Zip Code
33015

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

Naef Hussein

Date **02-20-06**

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
P.D	NAEL ABU HUSSEIN	19030 NW 57 AVE #107	MIAMI FL 33015
VP	SAMY ABU HUSSEIN	19030 NW 57 AVE #107	MIAMI FL 33015
STD	NASSER ABU HUSSEIN	19030 NW 57 AVE #107	MIAMI FL 33015
		<i>NA 3/28</i>	900069049669 03/30/06--01038--004 **450.00

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 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

Naef Hussein

02-20-06 786-556-4197

Date

Daytime Phone #