

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000080747

1. Entity Name  
NOBLE ADVISORY SERVICES, INC.

FILED

04 OCT 26 AM 11:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
6501 CONGRESS AVENUE  
100  
BOCA RATON, FL 33487 US

Mailing Address  
6501 CONGRESS AVENUE  
100  
BOCA RATON, FL 33487 US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10202004 REIN-P CR2E098 (6/04)

City & State

City & State

4. FEI Number

Applied For  
☒ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~BARTZ, NEIL ESQ.~~  
~~150 E. PALMETTO PARK ROAD~~  
~~750~~  
~~BOCA RATON, FL 33432~~

Name Prong, Nico

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

6501 Congress Ave., Ste. 100

City Boca Raton

FL Zip Code 33487

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

Prong, Nico President

(NOTE: Registered Agent signature required when reinstating)

10/25/04

DATE

FILE NOW!!! FEE IS \$150.00  
After January 1, 2005, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President ☐ Delete  
NAME Prong, Nico  
STREET ADDRESS 6501 Congress Ave., Ste 100  
CITY-ST-ZIP Boca Raton, FL 33487

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/25/04

Date

561-994-1191

Daytime Phone #