

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000131886

Entity Name: NOONON ENTERPRISES, INC.

FILED  
Oct 11, 2005  
Secretary of State

## Current Principal Place of Business:

524 SUMMIT DRIVE  
SEBRING, FL 33870

## New Principal Place of Business:

330 US 27 NORTH  
SEBRING, FL 33870

## Current Mailing Address:

524 SUMMIT DRIVE  
SEBRING, FL 33870

## New Mailing Address:

330 US 27 NORTH  
SEBRING, FL 33870

FEI Number: 20-0400325

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MCCOLLUM, JAMES F  
129 SOUTH COMMERCE AVENUE  
SEBRING, FL 33870 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: JAMES F. MCCOLLUM

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DPV ( ) Delete  
Name: NOONON, KELLY M  
Address: 524 SUMMIT DRIVE  
City-St-Zip: SEBRING, FL 33870

Title: DTS (X) Delete  
Name: NOONON, REBECCA A  
Address: 524 SUMMIT DRIVE  
City-St-Zip: SEBRING, FL 33870

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPVT (X) Change ( ) Addition  
Name: NOONON, KELLY M  
Address: 524 SUMMIT DRIVE  
City-St-Zip: SEBRING, FL 33870

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KELLY M. NOONON

TPV

10/11/2005

Electronic Signature of Signing Officer or Director

Date