

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 FEB 27 PM 3:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700089980917

03/02/07--01003--016 **450.00

05-07

REINSTATEMENT
CR2E081 (1/07)

DOCUMENT # P04000118909

1. Corporation Name

NuNoise Entertainment Inc

2. Principal Office Address - No P.O. Box #

16152 49th St North

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 17314

Suite, Apt. #, etc.

City & State

Clearwater, FL

Zip

33762

Country

USA

City & State

Clearwater, FL

Zip

33762

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

08/16/2004

5. FEI Number

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

Cynthia L. Nuzzo

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

16152 49th Street North

Suite, Apt. #, Etc.

City

Clearwater

State

FL

Zip Code

33762

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Cynthia L. Nuzzo

REGISTERED AGENT MUST SIGN

Date

1/29/07

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
MS.	Cynthia L. Nuzzo	16152 49th St. North	Clearwater, FL 33762

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:

Cynthia L. Nuzzo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/07 (727) 524-1606

Date

Daytime Phone #

2/28/07