


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E081 (1/07)

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>P04000127633</b>			
1. Corporation Name <b>A NOVEL EXPERIENCE INC</b> <b>W07 0000 62132</b>			
2. Principal Office Address - No P.O. Box # <b>5905 CR 352</b> Suite, Apt. #, etc.		3. Mailing Office Address <b>5905 CR 352</b> Suite, Apt. #, etc. <b>18</b>	
City & State <b>KEYSTONE HIGHTS FL</b>		City & State <b>KEYSTONE HIGHTS FL</b>	
Zip <b>32656</b>	Country <b>CLAY</b>	Zip <b>32656</b>	Country <b>CLAY</b>
4. Date Incorporated or Qualified To Do Business in Florida <b>9-8-04</b>			
5. FEI Number <b>20-1614494</b>		Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status			
7. Name and Address of Current Registered Agent Name <b>AKILA COULOMBIS</b> Street Address (P.O. Box Number is Not Acceptable) <b>5905 CR 352</b> Suite, Apt. #, Etc. City <b>KEYSTONE HIGHTS</b> State <b>FL</b> Zip Code <b>32656</b>			
<input checked="" type="checkbox"/> 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 _____ Date _____ 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
<b>P</b>	<b>AUDREY COULOMBIS</b>	<b>5905 CR 352</b>	<b>KEYSTONE HIGHTS FL 32656</b>
<b>T</b>	<b>AKILA COULOMBIS</b>	<b>5905 CR 352</b>	<b>KEYSTONE HIGHTS FL 32656</b>
			<b>400115904094</b> <b>01/23/08--01033--021 **600.00</b>
<b>REINSTATEMENT REINSTAT</b>			
<b>RLH</b> <b>01-08</b>			
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: <b>Akila Coulombis</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<b>12-22-07 3524731944</b> Date Daytime Phone #	