## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT  FLORIDA DEPARTMENT OF STATE  Secretary of State  DIVISION OF CORPORATIONS	15 HOV 24 M 91 26
DOCUMENT # P05000009299  1. Corporation Name	
Noel Quality Work Corporation	
2. Principal Office Address - No P.O. Box# 3620 NW 30 Ave 3. Mailing Office Address 3620 NW 30 Ave	
Suite, Apt. #, etc.  Suite, Apt. #, etc.	- CR2E081 (11/10)  4. Date Incorporated or Qualified
Lot E-511 Lot E-511	To Do Business in Florida 01/18/2005
Miami, FL Miami, FL	5. FEI Number         Applied For           20-2185020         Not Applicable
33142 US 33142 US	6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent	
Noel A. Rodriguez	800279464928
Street Address (P.O. Box Number is Not Acceptable) 3620 NW 30 Ave	11/24/1501003018 **750:00
Lot E-511	
Miami State Zip Code FL 33142	
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the of Signature of Registered Agent	bligations of section 607.0505 or 617.0503, F.S.  Date
REGISTERED AGENT MUST SIGN  9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at le	
Titles Name of Street Address of Each Officer and/or Directors Officer and/or Directors Officer and/or Directors	City / State / Zip
DP Noel A. Rodriguez 3620 NW 30 Ave Lo	
	Wildrin, TE OOT IE
DEINIGHAMENIT	
REINSTATEMENT NOV 2	2 4 2015
R. H	IUNT
0. E-mail Address: noelqualityworkcorp@gmail.com  (To be used for future annual report	Section 1 and 1 an

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am awary that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

THE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16/15 Date 786 597 476