

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

15 NOV 24 AM 9:26

DOCUMENT # P05000009299

1. Corporation Name

Noel Quality Work Corporation

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

3. Mailing Office Address

3620 NW 30 Ave

3620 NW 30 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Lot E-511

Lot E-511

City & State

City & State

Miami, FL

Miami, FL

Zip

Country

Zip

Country

33142

US

33142

US

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida
01/18/2005

5. FEI Number
20-2185020

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

Noel A. Rodriguez

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

3620 NW 30 Ave

Suite, Apt. #, Etc.

Lot E-511

City

Miami

State

FL

Zip Code

33142

800279464928
11/24/15--01003--018 **750.00

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

REGISTERED AGENT MUST SIGN

Date **11-16-15**

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
DP	Noel A. Rodriguez	3620 NW 30 Ave Lot E-511	Miami, FL 33142
REINSTATEMENT			
NOV 24 2015			
R. HUNT			

10. E-mail Address: noelqualityworkcorp@gmail.com

(To be used for future annual report notification)

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 aware 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-16/15

Date

786 597 4768

Daytime Phone #