

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 JAN -2 AM 9:34

REINSTATEMENT 06



10112006 REIN-P CR2E098 (11/05)

4. FEI Number **20-3904488** Applied For  
Not Applicable  
5. Certificate of Status Desired ☒ \$8.75 Additional  
Fee Required

DOCUMENT # P05000158507  
1. Entity Name  
THE NOISE, CORP.



Principal Place of Business Mailing Address  
**MARTHA MARIA VICTOR**  
**1408 BRUCKELL BAY DRIVE S 817**  
**MIAMI, FL 33131 (305) 336 8820**

2. Principal Place of Business 3. Mailing Address  
**THE NOISE CORP.**

Suite, Apt. #, etc. Suite, Apt. #, etc.  
**1408 BRUCKELL BAY DR S 817**

City & State City & State  
**MIAMI FLORIDA**

Zip Country Zip Country  
**33131 USA**

6. Name and Address of Current Registered Agent  
**YERO, ARTURO**  
**5805 33 Blue Lagoon Drive S 80**  
**MIAMI, FL 33126**  
**(305) 267-0199**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After January 1, 2007, Fee will be \$300.00**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>VICTOR, MARTHA M</b> <b>1408 BRUCKELL BAY DR # 817</b> <b>MIAMI, FL 33131</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>700082910007</b> <b>01/02/07--01049--019 **158.75</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **[Signature]** 10-11-06 3053368820  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #