

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 APR -7 AM 10:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P 93000005928(5)**

1. Corporation Name

Noslen, Inc.

W-9187

2. Principal Office Address

551 MADISON AVE

Suite, Apt. #, etc.

300

City & State

New York, NY

Zip

10022

Country

N.Y. USA

3. Mailing Office Address

P.O. Box 57

Suite, Apt. #, etc.

City & State

DENVER, N.Y. 12421

Zip

Country

USA

REINSTATEMENT

9800

4. Date Incorporated or Qualified
To Do Business in Florida

1/26/93

5. FEI Number

59-3165593

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

NRAI, INC. SERVICES, INC.

000003213750-7

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

526 - E. PARK AVE

-04/18/00--01120--027

******150.00 ****150.00**

Suite, Apt. #, Etc.

TALLAHASSEE, FL

000003213750-7

-04/18/00--01120--028

City

State

FL

32301

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

Peggy Clarkin, Assistant Secretary

Date

3/28/00

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
PRES.	JOANN BLACKSTOCK	36 RODERICK RD.	W. Islip, NY 11795
SECY	ANGELA CHARRON	729 TANGLEWOOD RD	W. Islip, NY 11795
ASS SECY	RICHARD K. BERNSTEIN	551 MADISON AVE	NYC, NY 10022

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 under section 119.07(3)(i), F.S. The information included on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/00
Date

(212) 750-0544
Daytime Phone #

CR2E081 (9/99)