

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

02 FEB 26 AM 10:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # P93000051775

1. Corporation Name

Novem Investments, Inc.

2. Principal Office Address

P.O. Box 54096

Suite, Apt. #, etc.

City & State

Jacksonville, Florida

Zip
32245

Country
USA

3. Mailing Office Address

c/o 1921 Dewey Place

Suite, Apt. #, etc.

City & State

Jacksonville, Florida

Zip
32207

Country
USA

REINSTATEMENT

0102

**4. Date Incorporated or Qualified
To Do Business in Florida**

7-23-1993

5. FEI Number

59-3204860

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

☒ \$375 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Emilio Montilla

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

7649 Windward Way

Suite, Apt. #, Etc.

City

Jacksonville

State
FL

Zip Code
32245

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 2/7/02

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
P&D	Emilio Montilla	P.O. Box 54096	Jacksonville, FL 32245
D	Gladys Montilla	P.O. Box 54096	Jacksonville, FL 32245

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 indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/02

Date

(904) 641-7176

Daytime Phone #

CR2E081 (9/01)