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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
REINSTATEMENT 96
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Make Check Payable To Department of State

1. Name and Mailing Address of Corporation: DOCUMENT # P95000045407

Noda Corporation
14719 SW 61 Terrace
Miami, FL. 33193

2. If Address in Block 1 is incorrect in any way, enter the correct address below:

Address: 18831 NW 78 Place

City and State: Miami, FL. Zip Code: 33015

3. If Principle Office Address is different from mailing address, enter address below:

Address: 300002014383--7
-11/26/96--01101--017
****375.00 ****375.00

City and State / Zip Code

4. Date Incorporated or Qualified To Do Business in Florida: 06/12/95

5. FEI Number: 65-0628969

FEI Number Applied For

FEI Number Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	Aleida Jimenez	18831 NW 78 Place	Miami, FL. 33015

FILED
96 NOV 21 PM 3:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REGISTERED AGENT INFORMATION

8. Name and Address of Current Registered Agent

9. If changed, new registered agent / office

Name: Aleida Jimenez

Street Address (Do NOT Use P.O. Box Number): 18831 NW 78 Place

Street Address (Do NOT Use P.O. Box Number)

City: Miami State: FL Zip: 33015

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: [signature] REGISTERED AGENT MUST SIGN Date: 11/19/96

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐ (See other side for information on intangible tax.)

13. 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. 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 of Officer or Director: [signature] Date: 11/19/96 Daytime Phone #: (305) 829-3882

Typed or printed name of signing officer or director