

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 FEB -2 AM 9:58

SECRETARY OF STATE
TALLAHASSEE FLORIDA

REINSTATEMENT 02-04

200028062952
02/02/04--01104--007 **1050.00

DOCUMENT # 995 - 784.1 1050

1. Corporation Name

Noric/Columbus Ventures, Inc.

2. Principal Office Address

2333 Brickell Avenue

3. Mailing Office Address

Suite, Apt. #, etc.

D-1

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Zip

33129

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

October 12, 1995

5. FEI Number

65-0617307

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

Mary Ann David, Esquire

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

2333 Brickell Avenue

Suite, Apt. #, Etc.

D-1

City

Miami

State

FL

Zip Code

33129

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

Mary Ann David

REGISTERED AGENT MUST SIGN

Date January 20, 2004

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
PD	Richard Olson	2333 Brickell Av, D-1	Miami, Florida 33129
VPD	Norman S. Rosen	2333 Brickell Av, D-1	Miami, Florida 33129

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)(f), 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:

Norman S. Rosen

Norman S. Rosen

01-20-04

305.859.4900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)