

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Pg 1 of 2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAR -9 PM 2:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000002936

1. Corporation Name

NOSEEUM, INC.

W04-5089

2. Principal Office Address

MM92.3 OLD HWY

Suite, Apt. #, etc.

City & State

TAVERNIER, FL 33070

Zip

Country

3. Mailing Office Address

PO BOX 305

Suite, Apt. #, etc.

City & State

ISLAMORADA, FL 33036

Zip

Country

REINSTATEMENT 01-04

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

01/09/96

5. FEI Number

65-0636455

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

RON LEVY

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

83257 OVERSEAS HWY

Suite, Apt. #, Etc.

City

ISLAMORADA, FL 33036

State

FL

Zip Code

33036

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

Date

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
P	RONALD B LEVY	83257 OVERSEAS HWY	ISLAMORADA, FL 33036
ST	BETH KAMINSTEIN	83257 OVERSEAS HWY	ISLAMORADA, FL 33036
V	SARA SMITH	PO BOX 863	TRABUCO CANYON, CAL. 92678

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

Date

Daytime Phone #

3/1/01

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GENE S. BONHAM, C.P.A., P.A.

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CORAL SPRINGS, FLORIDA 33071
TELEPHONE (954) 753-6966 • FAX (954) 753-6999
EMAIL: gbonham@aol.com

Member
American Institute of
Certified Public Accountants
Florida Institute of
Certified Public Accountants

January 31, 2004

Mr. Sean Toner
Division of Corporations
409 E Gaines Street
Tallahassee, Florida 32399

RE: Noseeum, Inc.
DOC NO: P6000002936

Dear Mr. Toner:

Enclosed is a check the amount of \$600 to cover the Annual Reports for 2001-2004 that had not been received by the Registered Agent or Company. Previously, the accountant for the company was handling these matters and moved out of the area and would not return telephone calls to update these filings.

Please accept my sincere apology for this request and I sincerely appreciate your assistance in this matter and if you have any questions, please do not hesitate to contact the undersigned at (954) 753-6966.

Sincerely,



Gene S. Bonham, C.P.A., P.A.

cc: Noseeum, Inc.

Enclosure