


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P96000062876	
1. Entity Name NOLIN, INC.	

FILED
05 MAR -2 PM 3:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02242005 REIN-P CR2E098 (6/04)

Principal Place of Business 8900 S.W. 107TH AVE. #206 MIAMI, FL 33176	Mailing Address 8900 S.W. 107TH AVE. #206 MIAMI, FL 33176
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2. Principal Place of Business 10081 Crosswind Rd. Suite, Apt. #, etc.	3. Mailing Address 10081 Crosswind Rd. Suite, Apt. #, etc.
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City & State Boca Raton, FL	City & State Boca Raton, FL
Zip 33498	Zip 33498
Country U.S.A.	Country U.S.A.

4. FEI Number 65-0688125	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent KOBIRIN, DAVID A 8900 S.W. 107TH AVE. #206 MIAMI, FL 33176	7. Name and Address of New Registered Agent Name: Linda B. Moore Street Address (P.O. Box Number is Not Acceptable): 10081 Crosswind Road City: Boca Raton FL Zip Code: 33498
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE: Linda Moore Linda Moore 3/1/05 (NOTE: Registered Agent signature required when reinstating)
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FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD MOORE, LINDA 8900 S.W. 107TH AVE. #206 MIAMI, FL 33176 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD Linda Moore <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10081 Crosswind Rd. Boca Raton, FL 33498
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600048417916 03/15/05--01029--017 **300.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: Linda Moore SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #

P96000062876 R
NOLIN, INC.
LINDA MOORE
10081 CROSSWIND ROAD
BOCA RATON FL 334984738

3/1/05

I am asking you to waive the reinstatement fee because last year's papers were never sent to me.

They were sent to 8900 S.W. 107th Ave.
#206 Miami, Fl. 33176 and not to me.
I was totally unaware of the situation until I renewed my fictitious name -

Thank you for your attention to this matter.

Sincerely,
Linda Moore
Nolin, Inc.