

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

02 OCT 30 AM 8:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 09700009658

1. Corporation Name
7904 NOBT CORPORATION

2. Principal Office Address
**7806 N. ORANGE
BLOSSOM TRAIL**

Suite, Apt. #, etc.

City & State

ORLANDO, FL

Zip

32808

Country

ORANGE

3. Mailing Office Address
**7806 N. ORANGE
BLOSSOM TRAIL**

Suite, Apt. #, etc.

City & State

ORLANDO, FL

Zip

32808

Country

ORANGE

4. Date Incorporated or Qualified
To Do Business in Florida

01/17/1997

5. FEI Number

59-3419993

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

00-02

7. Name and Address of Current Registered Agent

Name

JOSEPH GARCIA JR

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

7806 N. ORANGE BLOSSOM TRAIL

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32808

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

Joseph Garcia Jr

REGISTERED AGENT MUST SIGN

Date

10/29/02

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	JOSEPH GARCIA	7806 N. ORANGE BLOSSOM TRAIL	ORLANDO, FL 32808

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

10/29/02

Daytime Phone #

407-298-9190

CR2E08t (9/01)

7/10/11/02