

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P97000029334**

1. Corporation Name

NODULLA PACKAGING INC.

Principal Place of Business

2609 N.W. 29TH STREET
MIAMI FL 33142

Mailing Address

2609 N.W. 29TH STREET
MIAMI FL 33142

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/01/1997

5. FEI Number

65-0760858

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	NORIEGA, FERNANDO A (DECEASED)	2609 N.W. 29TH STREET	MIAMI FL 33142
TD	DURAN, LUIS	2609 N.W. 29TH STREET	MIAMI FL 33142
SD	LLANO, MANUEL A	2609 N.W. 29TH STREET	MIAMI FL 33142
VD	NORIEGA, JOSE E	2609 N.W. 29TH STREET	MIAMI FL 33142
P	NORIEGA, MARIA L	1210 SW 84TH STREET	MIAMI, FL 33142
VP	NORIEGA, JOSE E	11831 SW 18 STREET UNIT #3	MIAMI, FL 33175

8. Name and Address of Current Registered Agent

NORIEGA, FERNANDO A
2609 N.W. 29TH STREET
MIAMI FL 33142

9. Name and Address of New Registered Agent

Name

JOSE E NORIEGA

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

11831 SW 18 STREET UNIT #3

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33175

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

Jose E Noriega
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

7/26/02

11. 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:

Jose E Noriega
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/26/02

Daytime Phone #

FELIPE R. RUIZ

**CERTIFIED PUBLIC ACCOUNTANT
CERTIFIED FAMILY MEDIATOR
8390 W FLAGLER ST., SUITE 219
MIAMI, FL. 33144
TEL. (305) 552-9048
FAX. (305) 559-4094
EMAIL FRUIZCPA@AOL.COM**

July 26, 2002

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL. 32314

Re: Dolphin Party Rental, Doc #P93000086958
Nodulla Packaging, Inc., Doc #P97000029334

Dear Examiner

Enclosed please find an Application for Reinstatement, for the above referenced corporations. Please note, Mr. Fernando A. Noriega passed away after long battle with cancer and the business office was moved to his widow's residence. The form was never received.

Please accept the enclosed check for \$300.00 per corporation. \$150.00 for 2001 and 2002. We respectfully request a waiver of the reinstatement fees.

If you need any additional information regarding this matter feel free to call me.

Sincerely,



Felipe R. Ruiz

CC: Jose E. Noriega