S BEFORE COMPLETING THIS FORM. APPLICATION FILED **FOR** 98 DEC 10 AM 8: 43 P97000106720 DOCUMENT # 1. Corporation Name SECRETARY OF STATE TALLAHASSEE, FLORIDA NORONHA DIAMOND GROUP, INC. Mailing Address Principal Place of Business 169 EAST FLAGLER STREET. SUITE 822 169 EAST FLAGLER STREET. SUITE 822 MIAMI FL 33131 MIAMI FL 33131 If above addresses are incorrect in any way, line through incorrect information and enter correction below. 3. New Mailing Office Address, If Applicable 2. New Principal Office Address, If Applicable Date Incorporated or Qualified
To Do Business in Florida E. Flagler ST. 12/19/1997 Suite, Apt. #, etc. Applied For City & State Not Applicable \$8.75 Additional Fee required 33131 CERTIFICATE OF STATUS DESIRED 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) Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) Name of Officers City / State / Zip and/or Directors Title(s) -DPSV" NORONHA, BELINA 169 EAST FLAGLER STREET, SUITE 822 **MIAMI FL 33131** President 169 EAST Flagler St, Sinte 822 Main, Pla 33131 V. Presid TNOROWHA, SANTANA 169 EAST Flagler St., SurteBer Miani, Fla 33131 400002712544--8 -12/15/98--01033--017 ****150.00 . ****150.00 9. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent Name NORONHA, BELINA Street Address (P.O. Box Number is Not Acceptable) 169 EAST FLAGLER STREET. SUITE 822 **MIAMI FL 33131** Suite, Apt. #, Etc. Zip Code City State , am familiar with and accept the obligations of Section 607.0505, F.S 10. I, being appointed the registered agent of the above harped corpo HRE Signature of Registered Agent This corporation owes or has paid the current year (See other side for information on intangible tax.) Intangible Personal Property tax due June 30. Yes l 12. 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 open 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:

December 8th 98