## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FURM.

**APPLICATION FOR** REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

P98000000735 **DOCUMENT#** 

1. Corporation Name

NOA LR, INC.

Principal Place of Business

Mailing Address

**801 LINCOLN ROAD** 

801 LINCOLN ROAD

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If above addresses are incorrect in any way, line through incorrect information and enter correction below.  REINSTATEMENT  O1/05/1998  If above addresses are incorrect in any way, line through incorrect information and enter correction below.  REINSTATEMENT  O1/05/1998  4. Date incorporated or Qualified To be Businesse in Florida.  O1/05/1998  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  City & State  Country  Discontry  Country  Discontry  Di	MIAMI BEA	CH FL 33139		MIAMI BEA	MIAMI BEACH FL 33139							
If above addresss at Lucines in Wylyne on San New Mailing Office Address, if Applicable and Subjects in Florida and Subjects i					. (ufammatian c	and enter corre	ction below.	REINS	ialemem -		قعيل	
Suite, Apl. #, etc.  Suite, Apl. #, etc.  City & State  City & State  City & State  City & State  Country  Say 5 Additional Fee required for a Certificate of Status  Street Address of Each Officer and/or Director  And/or Directors  City / State / Zip  Chodorow, Linda  19355 TURNBERRY WAY APT PH-K  NORTH MIAMI BEACH FL 33180  NORTH MIAMI BEACH FL 33180  City / State / Zip  Country  City / State / Zip  Code  FL   Zip Code	If above addresses are incorrect in any way, line through incorrect information and entire concessor as							A Date Incorporated or Qualified				
Suite, Apt. #, etc.    Suite, Apt. #, etc.	2. New Prir	ncipal Office A	ddress, if Applica	ble 3. New Mis	mild Curoo y regional in a 44 in			To Do Business in Florida 1 01/05/1998				
City & State  Country  Countr		<u> </u>		Suite, Apt.	. #, etc.							
City & State  City State  Country  Coun	Suite, Apt. #, etc.							J. 121148111861				
Zip Country	City & State	<u> </u>		City & Stat	State			Not Applicable				
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  7. Names and Street Addresses of Each Officers Street Address of Each Officer and/or Director 3  Title(s) 2  CHODOROW, LINDA 19355 TURNBERRY WAY APT PH-K  NORTH MIAMI BEACH FL 33180  7. Name and Address of Louris 3970 NE 2015 STREET AVENUES, PC 23180  8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent  DIBONE, LOUIS Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, Etc.  City State   Zip Code	011, 0 01011	=				7 6		6.	\$8.75	Additio	nal Fee required	
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Name of Officers and/or Directors 3 Officer and/or Director 4 City / State / Zip  D CHODOROW, LINDA 19355 TURNBERRY WAY APT PH-K NORTH MIAMI BEACH FL 33180  AVENUES DI BOND LOUIS 3970 NE 30/57 STATES AVENUES / C 33180  B. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name  DIBOND, LOUIS 801 LINCOLN ROAD MIAMI FL 33139  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, Etc.  City State / Zip Code  FL   Zip Code			<u></u> _			<u> </u>	unt liet et le	aet 3 directors)				
Title(s) 2 Officer and/or Directors 3 Officer and/or Director 4 Office	7. Names	and Street Ad	dresses of Each (	Officer and/or Director (	Florida nonpre	otit corporation	Address of Eac	h	T			
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BOND LOUIS  8. Name and Address of Current Registered Agent  DIBOND LOUIS  BOT STAPE AVENUES A			OW LINDA		19355 TURNBERRY WAY APT			РН-К	NORTH MIAMI BEACH FL 33180			
8. Name and Address of Current Registered Agent  9. Name and Address of New Registered Agent  Name  DIBOND, LOUIS  801 LINCOLN ROAD  MIAMI FL 33139  State   Zip Code   City   Ci	U	CHODON	O11, LI10/	1								
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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 filling 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 of Registered Age

REGISTERED AGENT MUST SIGN