

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P98000069172

1. Entity Name  
NOBLE GROWTH MANAGEMENT, INC.



FILED  
04 DEC 13 PM 12:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
6501 CONGRESS AVENUE  
SUITE 100  
BOCA RATON, FL 33487

Mailing Address  
6501 CONGRESS AVENUE  
SUITE 100  
BOCA RATON, FL 33487

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Zip Country

City & State  
Zip Country



11152004 REIN-P CR2E098 (6/04)

4. FEI Number  
65-0860585

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ANGELL CORPORATE SERVICES, INC.  
ONE NORTH CLEMATIS STREET  
SUITE 400  
WEST PALM BEACH, FL 33401-0000

7. Name and Address of New Registered Agent

Name  
PRONK, NICO P

Street Address (P.O. Box Number is Not Acceptable)  
6501 Congress Ave, Ste 100

City Boca Raton FL Zip Code 33487

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 Nico P. Pronk, Director 11/16/04  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00  
After January 1, 2005, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
PRONK, NICO P  
6501 CONGRESS AVENUE SUITE 100  
BOCA RATON, FL 33487 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
HORNE, WAYNE R  
6501 CONGRESS AVENUE SUITE 100  
BOCA RATON, FL 33487 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
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☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11/18/04-01076--004-\$150.00 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ 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: Nico P. Pronk, Director 11/16/04 561-994-1191  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #