PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.		
·	A DEPARTMENT OF STATE	
FORIA	Katherine Harris Secretary of State	REPORTABLED
REINS PATENTENT	IVISION OF CORPORATIONS	SEURETARY OF STATE DIVISION OF CORPORATIONS
DOCUMENT# P9900044321		01 JUL -2 PM 2:13
Corporation Name		2 FM 2: 13
NOBLE CORPORATION		
Principal Place of Business Mailing Address		
6095 S.W. 26 ST. 6095 S.W. 26 ST. MIAMI FL 33155 MIAMI FL 33155		
If above addresses are incorrect in any way, line through incorrect information and enter correction below.  2. New Principal Office Address, If Applicable  3. New Mailing Office Address, If Applicable		05-24-00 90076 040 8105
6286 SW 12 St. 6286 SW 12 St		4. Date Incorporated or Qualified To Do Business in Florida 05/12/1999
Suite, Apt. #, etc. Suite, Apt. #,	etc.	5. FEI Number Applied For
West Miami FL West	migmi, Fl.	6. Not Applicable
33144 Country 4 333144	Country 9	CERTIFICATE OF STATUS DESIRED TY 58.75 Additional Fee required for a Certificate of Status
7. Names and Street Addresses of Each Officer and/or Director (Flo	rida nonprofit corporations must list at le	
Title(s)   Name of Officers and/or Directors	Street Address of Each Officer and/or Director	
D PASANTES, GERARD A	6095 S.W. 26 ST.	MIAMI FL 33155
	· · · · · ·	<u> </u>
		-07/13/0101092013 ****158.75 *****150.00
	V. 1 A 1.4	5000044751159
		-07/13/0101092013
		****158.75 ****158.75
		11/10
8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent		
Name , , , , , , , , ,		
JUMPING JAX TAX, INC.  8551 WEST SUNRISE BLVD. #102		O. Box Number is Not Acceptable)
PLANTATION FL 33322-4007  Suite, Apt. #, Etc.		
Eityest MiAMi State Zio Code 14		
10. I, being appointed the registered agent of the above named comporation, am familiar with and accept the obligations of Section 607.0505, F.S.		
Signature of Registered Agent REGISTERED AGENT MUST SIGN  Date 3 3 0		
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: \$3/3/0/		
SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		

March 3, 2001

Division of Corporations Annual Report/Reinstatement Section

To Whom It May Concern:

Last year the Noble Corporation was dissolved by the Florida Department of State for failure to correctly complete the 2000 corporation annual report/uniform business report. Apparently the form was returned without having placed the corporation's federal tax identification number. Unfortunately this information did not become available to me until I began to research why the 2001 form had not arrived. I have been informed by a representative from the Department of State that since I paid the previous year's report, all I have to submit is the application for reinstatement and a check for \$150 for the 2001 report and the corporation will be reinstated.

Sincerely

Gerard Andres Pasantes

President

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## **NOBLE CORPORATION**

June 21, 2001

Division of Corporations

Annual Report/Reinstatement Section

To Whom It May Concern:

The reason I did not respond to your rejection letter dated June 5, 2000 is that I never received said letter. I stated in my first letter, which is also enclosed, that I only became aware of a problem when I did not receive my annual report for 2000. I would greatly appreciate waving of the reinstatement fee as I was not aware my company had been dissolved.

Sincerely

Gerard Andres Pasantes

President