

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P99000106947**

1. Corporation Name

NOMA, INC.

Principal Place of Business

211 E INTERNATIONAL SPEEDWAY BLVD.
DAYTONA BEACH FL 32118

Mailing Address

211 E INTERNATIONAL SPEEDWAY BLVD.
DAYTONA BEACH FL 32118

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

Suite, Apt. #, etc.

Suite 213

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/10/1999

5. FEI Number

59-3660690

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
President	Vivula Amou	4205 S. Atlantic Ave.	Daytona Beach, FL 32127
Secretary			
Treasurer	Felix Amou	4205 S. Atlantic Ave.	Daytona Beach, FL 32127

1000003471021--9
-11/20/00--01137--013
*****750.00 ***750.00**

8. Name and Address of Current Registered Agent

GARDNER, ROBERT M
209 SOUTH HALIFAX AVENUE
DAYTONA BEACH FL 32118

9. Name and Address of New Registered Agent

Name

Robert M. Gardner

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

611 N. Wymore Rd

Suite, Apt. #, Etc.

Ste 219

City

Winter Park

State

FL

Zip Code

32789

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date **26 Oct 00**

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-26-00

Date

904 2582144

Daytime Phone #