

APPLICATION FOR REINSTATEMENT



FILED

00 OCT 20 PM 1:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S37370

1. Corporation Name

NOBLE EXPORT CORP.

Principal Place of Business

2350 NW 96TH AVE
MIAMI FL 33172
US

Mailing Address

5200 N OCEAN BLVD
#903
FT. LAUDERDALE FL 33308
US



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

5200 N. Keon Blvd.

Suite, Apt. #, etc. 1111

403
City & State Ft. Lauderdale, Florida

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip	33308	Country	Broward
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Zip	Country
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4. Date Incorporated or Qualified To Do Business in Florida

03/11/1991

5. FEI Number

65-0259583

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
D	ROTCIN, JOSEPH	5200 N. OCEAN BLVD.	FT. LAUDERDALE FL
D	ROTCIN, FLORA	5200 N. OCEAN BLVD.	FT. LAUDERDALE FL
			600003455226--9
			11/07/00 01069 013
			****750.00 ****750.00
		REINSTATEMENT	DO 78

8. Name and Address of Current Registered Agent

ROTCHIN, JOSEPH
5200 N. OCEAN BLVD. #903
FT. LAUDERDALE FL 33308

9. Name and Address of New Registered Agent

Name Joseph Kojchin
Street Address (P.O. Box Number is Not Acceptable) 5200 N. Ocean Blvd
Suite, Apt. #, Etc. # 903
City FT. Lauderdale

State FL	Zip Code 33308
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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 _____ REGISTERED AGENT MUST SIGN

Date Oct. 16, 2000

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph Koschitz
FICER OR DIRECTOR

10/16/00
Date

954-943-0617
Daytime Phone #

CR2E040 (8/00)