

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# V66617

Entity Name: NONA, INC.

FILED
Oct 10, 2007
Secretary of State

Current Principal Place of Business:

801 N MAGNOLIA AVE
SUITE 502
ORLANDO, FL 32803 US

New Principal Place of Business:

Current Mailing Address:

801 N MAGNOLIA AVE
SUITE 502
ORLANDO, FL 32803 US

New Mailing Address:

FEI Number: 59-3145066

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

A.G.C. CO.
2300 SUN BANK CENTER
ORLANDO, FL 32802 US

Name and Address of New Registered Agent:

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.

SIGNATURE: KENNETH C WRIGHT

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KONAKA, MASAYOSHI
Address: 9608 TACISTOCK CT
City-St-Zip: ORLANDO, FL 32827

Title: STD () Delete
Name: YASUOKA, KENICHI
Address: 117 EAST 57TH ST, #32C
City-St-Zip: NEW YORK, NY 10020

Title: AS () Delete
Name: TANAKA, YOSHIO
Address: 8715 VIA BELLA NOTTE DRIVE
City-St-Zip: ORLANDO, FL 32836

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: STD (X) Change () Addition
Name: OKIYAMA, ZENJI
Address: 1270 AVE OF AMERICAS STE 1815
City-St-Zip: NEW YORK, NY 10020

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: T SHEPARD BURR

CPA

10/10/2007

Electronic Signature of Signing Officer or Director

Date