PLÊASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	03 OCT 28 AM 10: 22 SECRETARY OF STATE TALLAHASSEE. FLORIDA
DOCUMENT# H 21	831	· ·
1. Corporation Name Q & H Investments, Inc		· ·
14603 Velleux Drive		·
Orlando FL	32837	
2. Principal Office Address 11/203 Velley V Driv	3. Mailing Office Address 14603 Velleux Drive	REINSTATEMENT 01-03
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	4. Date Incorporated or Qualified To Do Business in Florida.
Orlando FL	Orlando FL	5. FEI Number
Zip 32837 Country Orange	32837 Ovange	6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent		
Name MEHER	QAYYUM MD	
Street Address (P.O. Box Number is Not Acceptable) 14603 Velleux Drive 10/28/03-01054-014 **1058.75		
Suite, Apt. #, Etc.		
city Orlando		State Zip Code FL 3 2837
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent Date 10/22/03 REGISTERED AGENT MUST SIGN		
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)		
Titles Name of Officers and/or Directors	Street Address of Each Officer and/or Director	
D.P. Meher Qay	yum 14603 Veller	1x Drue Orlando FL 3>837
D, VP Mohammed S.	Dayyum 14603 Velle	ux Drive Orlando FL32837
D 0 0 1 1	yum 14603 Velleux	Drive Orlando FL 32837
D. T Mahnaz Qay	Jum 14603 Velley	Drive Orlando FL32837
DV Meher D. Da.	14603 Velleu	x Drive Orlando FL32837
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10. 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 path.		
SIGNATURE: 10/2-2/0-3 407 8/68/69 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Date Date Date Date Date		