

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JAN 15 PM 4:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000125491

1. Corporation Name

4 BROTHERS ENTERPRISES OF COLLIER, INC

[Handwritten initials]

2. Principal Office Address

8933 FAWN RIDGE DRIVE

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FORT MYERS FL

City & State

Zip

33912

Country

LEE

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida 11/26/2002

5. FEI Number 223883569 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT 2003

7. Name and Address of Current Registered Agent

Name

EDWARDS, DIAN M

200026910442
01/14/04--01023--005 *150.00

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

1852 40TH TERRACE SW

Suite, Apt. #, Etc.

B

City

NAPLES

State

FL

Zip Code

34116

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

REGISTERED AGENT MUST SIGN

Date 01/08/2004

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	City / State / Zip
P	ANIS, SHAWKAT	8090 S WOOD CIRCLE, #10	FT MYERS, FL 33919
VP	GUDKOVA, ALBINA	8013 PANTHER TRAIL, #803	NAPLES, FL 34113
TRES	RAHMAN, SHAHIDUR	27227 PULLEN AVENUE, #A7	BONITA SPRING FL 34135
SEC	RAHMAN, MIZANUR	27227 PULLEN AVENUE, #A7	BONITA SPRING FL 34135

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 oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Handwritten Signature]

01/08/2004 239-417-1204

Date

Daytime Phone #

CR2E081 (10/02)

202

ALPHA ACCOUNTING SERVICES, INC.
1852 B 40TH TERRACE SW
NAPLES, FL. 34116
TEL: 239-455-3047, FAX: 239-455-5133

January 8, 2004

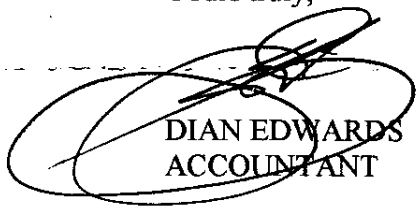
~~DIVISION OF CORPORATIONS~~
UNIFORM BUSINESS REPORT FILING
P O BOX 1500
TALLAHASSEE, FL 32302-1500

Dear Sir/Madam

RE: 4 BROTHERS ENTERPRISES OF COLLIER, INC.

This letter is to notify you that this Corporation did not receive a renewal notice of the original form in January 2003, due to a change in address (Shawkat Anis 8933 Fawn Ridge Drive Fort Myers, FL 33912). This notice of dissolution was mailed to their next door neighbor who was away on vacation for several months, and just now forwarded to them. Therefore, we have down loaded a copy of the reinstatement form from the Internet, on behalf of our client, for submission.

Yours truly,



DIAN EDWARDS
ACCOUNTANT