

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED  
99 NOV -3 AM 9: 31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **S27321**  
1. Corporation Name  
**ARISHA PROPERTIES, INC.**

Principal Place of Business 900 E. VINE ST. KISSIMMEE FL 34744-4551	Mailing Address 900 E. VINE ST. KISSIMMEE FL 34744-4551
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**REINSTATEMENT** *99*

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

2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip	3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip
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4. Date Incorporated or Qualified To Do Business in Florida <b>01/09/1991</b>	<b>SP</b>
5. FEI Number <b>59-3044209</b>	Applied For <input checked="" type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
PD	SULTAN, QUMAR	MAIN UNIVERSITY RD 10-D	KARACHI, PAKISTAN
VD	JUMANI, MOHAMED MUBEEN	MAIN UNIVER RD 10-D	KARACHI, PAKISTAN
V	CHAGANI, JAVAID NAVROZ ALI	14/29 LITTLETON ST	RIVERWOOD, SYDNEY N.S.W 2210 AUSTRALIA
			500003046545--9 -11/16/99--01105--016 ***758.75 ***758.75

8. Name and Address of Current Registered Agent

**QUMAR SULTAN**  
900 EAST VINE STREET  
KISSIMMEE FL 34744

9. Name and Address of New Registered Agent

Name: **JAVAID CHAGANI**  
Street Address (P.O. Box Number is Not Acceptable): **900 EAST VINE STREET**  
Suite, Apt. #, Etc.:  
City: **KISSIMMEE** State: **FL** Zip Code: **34744**

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** Date: **10/21/1999**  
**REGISTERED AGENT MUST SIGN**

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** Date: **10/21/1999** (407)846-4600  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **JAVAID CHAGANI** Daytime Phone #

CFC2200 (9/99)