

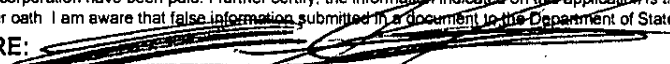


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT #F09925			
1. Corporation Name Sultan & Sons, Inc			
2. Principal Office Address - No P.O. Box # 5128 SW 32 Ave		3. Mailing Office Address 5128 SW 32 Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Hollywood, FL		City & State Hollywood, FL	
Zip 33312	Country USA	Zip 33312	Country USA
7. Name and Address of Current Registered Agent		CR2E081 (11/10)	
Name Ezra E.P. Sultan		4. Date Incorporated or Qualified To Do Business in Florida 10/28/1980	
Street Address (P.O. Box Number is Not Acceptable) 5128 SW 32 Ave		5. FEI Number 592032375	
Suite, Apt. #, Etc.		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
City Hollywood		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
State FL		900218305439 01/13/12--01026--006 **750.00	
Zip Code 33312		900218305439 03/06/12--01029--023 **158.75	
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 1/10/12	
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	City / State / Zip
P.	Ezra E.P. Sultan	5128 SW 32 Ave	Hollywood, FL 33312
			S. HAWKES
			FEB - 2012
			EXAMINER
REINSTATEMENT			
10. E-mail Address: 2011-12 (To be used for future annual report notification)			
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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 17.155, F.S.			
SIGNATURE: 		Date 1/10/12	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	