

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 DEC -9 PM 2: 25

DOCUMENT # H22966

1. Corporation Name

FARRAJ CORPORATION

2. Principal Office Address

15040 N. Saxon Circle

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

Zip
33331

Country
USA

3. Mailing Office Address

15040 N. Saxon Circle

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

Zip
33331

Country
USA

REINSTATEMENT 85-05

4. Date Incorporated or Qualified
To Do Business in Florida

9/27/84

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Hashem Mahmoud

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

15040 N. Saxon Circle

Suite, Apt. #, Etc.

City

Ft. Lauderdale, FL 33331

State

FL

Zip Code

33331

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8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0506 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

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/S/T | Hashem Mahmoud | 15040 N. Saxon Circle | Ft. Lauderdale, FL 33331 |
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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 oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E001 (01/05)