

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # J57855			
1. Corporation Name Allied Belleair, Inc			
2. Principal Office Address 3135 SR 580 Suite, Apt. #, etc. Ste 3 City & State Safety Harbor Zip 34695 Country USA		3. Mailing Office Address 3135 SR 580 Suite, Apt. #, etc. Ste 3 City & State Safety Harbor Zip 34695 Country USA	

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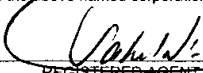
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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-11/06/01--01064--016
****150.00 ****150.00

2001 UBR AM

4. Date Incorporated or Qualified To Do Business in Florida 2/17/1987	Applied For: Not Applicable
5. FEI Number 592891016	
6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name Mike Sabet	
Street Address (P.O. Box Number is Not Acceptable) 4033 Presidential Drive	
Suite, Apt. #, Etc.	
City Palm Harbor	State FL
	Zip Code 34685

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 10/15/01

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
DP	Mike Sabet	4033 Presidential Drive	Palm Harbor, FL 34685

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 10/15/01 727-791-3500 Daytime Phone #

CR2E081 (9/00)



Allied Belleair, Inc.
3135 State Road 580, Ste. 3
Safety Harbor, FL 34685
Phone (727) 791-3500 ~ Fax (727) 726-0377
E-mail: AlliedBelleair@aol.com

October 16, 2001

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

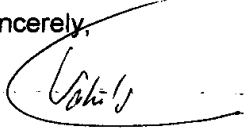
Re: Corporation Reinstatement

Dear Sir or Madam:

This letter is to notify you that we did not receive a Uniform Business Report or any other papers stating that a fee was due. This was probably due to the fact that we moved our offices. ~~This address shown above is our new current address.~~

Enclosed please find the completed Corporation Reinstatement Form and a check for the normal fee of \$150.00. Thank you.

Sincerely,



Mike Sabet