


2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # J67714		
1. Entity Name FMAOA, INC		

FILED
04 DEC 13 PM 1:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 950 S FLAMINGO RD. DAVIE, FL 33325	Mailing Address 950 S FLAMINGO RD. DAVIE, FL 33325
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2. Principal Place of Business 681 NW 133rd Way Suite, Apt. #, etc.	3. Mailing Address 681 NW 133rd Way Suite, Apt. #, etc.
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City & State Plantation, Florida	City & State Plantation, Florida	4. FEI Number 59-2809329	Applied For Not Applicable
Zip 33325	Country USA	Zip 33325	Country USA



11302004 REIN-P CR2E098 (6/04)

6. Name and Address of Current Registered Agent SALEH, MUSTAFA 681 NW 133RD WAY PLANTATION, FL 33325		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE <u>MUSTAFA SALEH</u> Signature, typed or printed name of registered agent and title if applicable.	DATE <u>11/30/2004</u> (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PM SALEH, RAHMAN 681 NW 133RD WAY PLANTATION, FL 33325 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900043169169 12/03/04--01030--001 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: <u>MUSTAFA SALEH</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE <u>11/30/2004</u> Daytime Phone #