## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE  Katherine Harris  Secretary of State  DIVISION OF CORPORATIONS		OI MAR 22 PM 1:47				
DOCUM 1. Corporation N			) T CORPORAT:	ION				
		kiu Donuts				REINSTATEMENDO-CH		
City & State			City & State		4. Date Incorporated or Qualified To Do Business in Florida 1988			
MIAN 33180	Country	SA	zip -33186-	Country	5. FEI Numbe 59281886 6. CERTIFICATE	8b  E OF STATUS DESIRED □ \$8	Applied For Not Applicable  75 Additional Fee require for a Certificate of Status	
	7. Name and Address of Current Registered							
Name   Re han Naster   500003911715								
I, being appoin ignature of egistered Agent	nted the registered	lu	e named corporation, am for the second secon	familiar with and accept the ob	ligations of sections		). 	
Names and St	treet Addresses of		or Director (Florida nonpro	fit corporations must list at lea	ast 3 directors)			
Titles	Officers	Name of and/or Directors		Street Address of Each Officer and/or Director		City / Sta	ite / Zip	
<b>2</b> .	Rehan	Na Seer Na Secr	9600 S.W. 122 Avenue		ve	Miami, FC 33186		
Ce-P	Farhan	Nasecr	Same			Miami, FC 33106 Same		
Peret.	Nighai	+ 11		Same		Same		
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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

2/02/01 305-271-166 0
Daytime Phone #