PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 FEB -1 PM 12:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2000-01

DOCUMENT # J87535

1. Corporation Name

SULTAN ENTERPRISES, INC.

Principal Place of Business	Mailing Address
9018 LIGON COURT FORT MYERS FL 33908	58 TIMBERLAND CIR S FT MYERS FL 33919 US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	3490 5th Ave. SW Suite, Apt. #, etc.
City & State	City & State: Golden Gate, FL
Zip / Country	Zip: 34117 / Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 08/17/1987

5. FEI Number: 59-2844747 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
~~PSTD~~	~~SULTAN, SHAHID~~	~~58 TIMBERLAND CIR S~~	~~FT MYERS FL 33919~~
PTD	SARWAR, Shahid	3490 5th Ave. SW	Golden Gate, FL 34117
S	SARWAR, Brenda	3490 5th Ave. SW	Golden Gate, FL 34117
		REINSTATEMENT	00-01
			100003783051--9
			-02/27/01--01093--014
			****401.00 ****900.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
PATRONE, ANDRE J. 12685 NEW BRITTANY BLVD. FORT MYERS FL 33907	Name: Shahid Sarwar Street Address (P.O. Box Number is Not Acceptable): 3490 5th Ave. SW Suite, Apt. #, Etc.: City: Golden Gate / State: FL / Zip Code: 34117

CR2E040 (8/00)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: S. Sarwar SIGNATURE REQUIRED — Date: 1/16/01

REGISTERED AGENT MUST SIGN

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., 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: S. Sarwar Shahid Sarwar 1/16/01 (941)455-6650

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #