

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION**  
 1999-2001  
 UBR



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

FILED  
 01 MAR 16 PM 12:35  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **K88363**  
 1. Corporation Name **6101 miami Lakes Drive, Inc.**

2. Principal Office Address  
**6101 miami Lakes DR**  
 Suite, Apt. #, etc.  
 City & State  
**miami Lakes FL**  
 Zip **33014** Country **Dade**

3. Mailing Office Address  
**Same**  
 Suite, Apt. #, etc.  
 City & State  
 Zip **33014** Country

4. Date Incorporated or Qualified To Do Business in Florida **05/16/1989**

5. FEI Number **65-0179483**  
 Applied For  Not Applicable

6. ~~reinstatement~~ **reinstatement** CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

*Handwritten mark*

7. Name and Address of Current Registered Agent

Name **Subhi mustafa Hamideh** **300003912739-5**  
 Street Address (P.O. Box Number is Not Acceptable) **6101 miami Lakes DR** **-03/27/01--01092--007**  
 Suite, Apt. #, Etc. **miami Lake** **\*\*\*\*450.00 \*\*\*\*450.00**  
 City **FL** Zip Code **33014**

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 **Subhi mustafa Hamideh** *[Signature]* Date **3/14/2001**  
 REGISTERED AGENT MUST SIGN

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
<b>M</b>	<b>subhi mustafa Hamideh</b>	<b>9001 NW 148 st</b>	<b>miami FL 33018</b>
	<b>note -</b>		
	<b>I would like to inform you that I file every year, and iam not aware of missing any period - Thank you</b>		

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]* **3/14/2001** **305 825 0185**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (9/00)