PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
1996 NOV 26 PM 1:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L56871

1. Corporation Name

AYESH ENTERPRISES, INC.

Principal Place of Business	Mailing Address
14705 SOUTHERN BLVD. LOXAHATCHEE FL 33470	14705 SOUTHERN BLVD. LOXAHATCHEE FL 33470

800002014858--3
-11/26/96--01115--021
*****375.00 *****375.00

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.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 09/09/1990

5. FEI Number: 65-0172848 (Applied For / Not Applicable)

6. CERTIFICATE OF STATUS DESIRED [ ]

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	AYESH, AKRAM	6908 PIONEER RD	WEST PALM BEACH FL 33411
D	AYESH, TASHA	6911 ALBERT RD	WEST PALM BEACH FL 33415

REINSTATEMENT 11/26/96

8. Name and Address of Current Registered Agent

AYESH, AKRAM
6908 PIONEER ROAD
WEST PALM BEACH FL 33411

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City | State: FL | Zip Code

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: ..... REGISTERED AGENT MUST SIGN AKRAM AYESH Date: 11/22/96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes [X] No [ ]
(See other side for information on intangible tax.)

12. I certify that I am an officer or director of the corporation 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., and all fees owed by the corporation have been paid and the names of individuals listed on the form as 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: ..... AKRAM AYESH 1/22/96 795-4856
SIGNATURE AND TYPED OR PRINTED NAME OF PRESENT OFFICER OR DIRECTOR — Date — Daytime Phone #