PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
04 FEB 17 PM 3:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT 92-04

DOCUMENT # L68071

1. Corporation Name

4160 CORP

2. Principal Office Address	**3.** Mailing Office Address
9795 N.W. , 48TH DRIVE	9795 N.W., 48TH DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: CORAL SPRINGS, FLORIDA	City & State: CORAL SPRINGS, FLORIDA
Zip: 33076 Country: USA	Zip: 33076 Country: USA

4. Date Incorporated or Qualified To Do Business In Florida 04/25/1990

5. FEI Number S.S. NO. 332-54-3728 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $5.75 Additional fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: MOHAMMAD ANWAR HAROON

Street Address (P.O. Box Number Is Not Acceptable): 9795 NW, 48 DRIVE

800029324008
02/24/04--01061--013 **250.00

Suite, Apt. #, Etc.

City: CORAL SPRINGS State: FL Zip Code: 33076

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 * Mohammad Haroon Date 02/09/2004

REGISTERED AGENT MUST SIGN

CR2E061 (01/04)

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
PST	MOHAMMAD ANWAR HAROON	9795 NW, 48 DRIVE	CORAL SPRINGS, FL. 33076

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: * Mohammad Haroon 02/09/2004 954-295-2674

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