

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

00 OCT 16 AM 10:03

DOCUMENT # **L87518**

1. Corporation Name

EMAGICO ORIENTAL RUG COMPANY INCORPORATED

Principal Place of Business

Mailing Address

1490 BISCAYNE BLVD.
 MIAMI FL 33132

1490 BISCAYNE BLVD.
 MIAMI FL 33132



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

REINSTATEMENT

02

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

07/13/1990

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0204121

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	SHAKIB, JOSEPH	1490 BISCAYNE BLVD.	MIAMI FL
D	SEDIGHIM, SIAVOSH	1490 BISCAYNE BLVD.	MIAMI FL
D	SHAKIB, JACOB	1490 BISCAYNE BLVD.	MIAMI FL
D	SEDIGHIM, SIAMAC	1490 BISCAYNE BLVD.	MIAMI FL

200003441412--6
 -10/27/00--01004--008
 *****750.00 *****750.00

BS 10/20

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SHAKIB, JACOB
 4275 MERIDIAN AVE
 MIAMI FL 33140

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

Joseph Shakib
REGISTERED AGENT REQUIRED
 REGISTERED AGENT MUST SIGN

Date 10/10/00

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:

SIAVOSH SEDIGHIM
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10/10/00

Daytime Phone # (305) 373-8502

CR2E040 (8/00)