


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

98 AUG 21 AM 10:56

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # L88778

1. Corporation Name
TAHA'S TRADING COMPANY OF PENSACOLA INC.

Principal Place of Business 1257 W 9 MILE RD PENSACOLA FL 32534 US	Mailing Address 1257 W 9 MILE RD PENSACOLA FL 32534 US
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.



REINSTATEMENT 97-98

2. New Principal Office Address, If Applicable 116 OLIVE ROAD	3. New Mailing Office Address, If Applicable P.O. Box 7097
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State PENSACOLA, FL.	City & State PENSACOLA, FL.
Zip 32514 Country ESCAMBIA	Zip 32514 Country ESCAMBIA

4. Date Incorporated or Qualified To Do Business in Florida 06/07/1990	
5. FEI Number 59-3028502	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	TAHA, AMER	3272 COPPER RIDGE CIR	CANTONMENT FL
STD	TAHA, MARWAN	800 W. 9 1/2 MILE RD	PENSACOLA FL
			600002624646--6 -08/25/98--01055--015 ****908.75 ****908.75

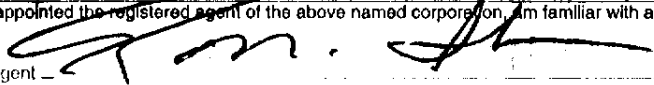
8. Name and Address of Current Registered Agent

TAHA, AMER
 1257 W 9 MILE RD
 PENSACOLA FL 32534

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  Date **8/19/98**

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on intangible tax.)

12. 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:  Date **8/19/98** Daytime Phone # **850-474-1770**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CFR2040 (8/97)