PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
11 AUG 24 PM 12:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M07202

1. Corporation Name
ISSA-KHAN INC

REINSTATEMENT 1995-2011

200211393302
08/24/11--01008--024 **3150.00

CR3B081 (11/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1000 VENETIAN WAY	SAME
Suite, Apt. #, etc. APT. 1604	Suite, Apt. # etc. SAME
City & State MIAMI FLA.	City & State SAME
Zip 33139 Country U.S.	Zip SAME Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required

7. Name and Address of Current Registered Agent

Name: IRENE MALLON

Street Address (P.O. Box Number is Not Acceptable): 1000 VENETIAN WAY

Suite, Apt. #, Etc.: APT. 1604

City: MIAMI | State: FL | Zip Code: 33139

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: Irene Mallon — Date: Aug 23, 11
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
PS	IRENE MALLON	1000 VENETIAN WAY APT. 1604	MIAMI FLA 33139

10. E-mail Address: irenissakhan@bellsouth.net
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath; I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Irene Mallon IRENE MALLON Aug 8, 11
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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