PLEASE READ	ALL INSTRUCTIONS	BEFORE C	OMETING	THIS FORM.	$\sim$
APPLICATION FOR A PREINSTATEMENT	FL RI A EPART ME interil ecretary of Division of Corpor	tate RATIONS	K	FD	
DOCUMENT #M 45779  1. Corporation Name  MHA ENGINE ERING, INC.			FILED  99 FEB 11 AM 11: 23  SECRETARY OF STATE TALLAHASSEE, FLORIDA		
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			4. Date Incorporated or Qualified To Do Business in Florida 01-30 - 1987		
Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State			5. FEI Number 59-2766034 Applied For Not Applicable		
Zip Country	Zip Countr	ry	6. CERTIFICATE OF STATUS DESIRED Correspond for a Certificate of Status		
7. Names and Street Addresses of Each Officer and	Hor Director, (Florida nonorolit corpor	ations must list at lea	st 3 directors)		
Name of Officers	Str	reet Address of Each		Crty / State /	/ Zip
		se Post Office Box N			
			enr	100027770 -02756799010 ***1387.50 *	162006
					-18/11P9
8. Name and Address of Curren	t Registered Agent		9. Name and Addre	ess of New Registered Age	ent
MOHAMMAD HASSAN AMINI 9380 SW 55 ST. COOPER CITY, FL. 33328		Street Address (F Suite. Apt #, Etc.	O. Box Number is No		Σιρ Code
10. I, being appointed the registered agent of the at Signature of Registered Agent	pove named corporation, am familiar w	vith and accept the ob		07.0505, F.S. Date <i>FEB 8, 1</i>	1999
11. This corporation owes the Intangible Personal Prope	current year erty Tax due June 30.	Yes	⊠ No□	(See other side fo on intangib	
12. I certify that I am an officer or director or the rec this reinstatement application, the reason for dis owed by the corporation have been paid and the on this application is true and accurate, and my	solution has been eliminated, the corp e names of individuals listed on this fo	orate name satisfies irm do not qualify for	the requirements of se an exemption under si	ection 607.0401 or 617.0401.	, F.S., that all fees
SIGNATURE:	PINTED NAME OF SIGNING OFFICER OR		FEB 6, 199	9 (954) (68 Date Daylin	ne Phone #

## MHA ENGINEERING, INC.

9380 SW 55TH ST. COOPER CITY, FL. 33328

Ph. (954) 680-2328 Fax (954) 252-0107

February 8, 1999

MHA-99-002

Florida Department of State Division of Corporations P. O. Box 6327 Tallahassee, Fl 32314

Reference: Reinstatement Application

Dear Sir or Madam.

Enclosed Please find a check in the amount of 1,387.50 Dollars. This check covers the unpaid Annual Report Fees from 1991 through 1998 including the Annual Report Fee for 1999.

As per my telephone conversation with one of your officers, I hereby request that the reinstatement Fee to be waived. As you can verify, my company has been active since 01-30-1987. The Company has been paying all relevant Taxes and fees (Federal, Intangible, unemployment, County, and City) associated with the company operation. It has not been intentional to ignore or withheld any fees (Annual Report Fee) required by the State.

When the location of my business was changed to 9380 SW 55th St. Cooper City, Fl. 33328 in 1990, I send the notice of change of address to all the governmental offices. Evidently your office was not informed or the notice was lost. Due to this I have not received the Annual Report bills since 1990. I only found out about not filing the Annual Reports because of my brother. He opened a new company last year and he just received his first Annual Report. He questioned me about it and I notice that I have not been receiving the Annual Reports an paying such fees. That is when I contacted the department and found out that they never received the notice of change of address. As I explained earlier, not paying these fees has not been intentional therefore waiving of the reinstatement fee will be greatly appreciated.

If you have any question please do not hesitate to contact me at (954) 680-2328.

Sincerely yours

Mohammad Hassan Amini

President