PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
98 APR 26 AM 8:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M59125

1. Corporation Name

MIAMI COLUMBUS, INC.

Principal Place of Business	Mailing Address
320 N.E. 1st Street Miami, FL 33132	PO BOX 577 Malibu, CA 90265

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

REINSTATEMENT AD 98-99

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number
65-0010535
Applied For ☐
Not Applicable ☐

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D/C	M. AMIN AL-DAHLAWI	23805 Stuart Ranch Rd., #220	Malibu, CA 90265
D/P/T	HASSAN AL-DAHLAWI	23805 Stuart Ranch Rd., #220	Malibu, CA 90265
D/S	M. MEHDI MOSTAEDI	23805 Stuart Ranch Rd., #220	Malibu, CA 90265

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****800.00 ****800.00

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 Hayes Street
Tallahassee, FL 32301

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. Having been 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 x Lana R. Durfee
REGISTERED AGENT MUST SIGN

Date 4-26-99

11. This corporation owes 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: _____ April 23, 1999 (310)317-8400

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

M. MEHDI MOSTAEDI

CR2E081 (12/96)