

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N00000007267

FILED
Jan 03, 2006
Secretary of State

Entity Name: KAYANI FAMILY FOUNDATION, INC.

Current Principal Place of Business:

P.O. BOX 790
VERO BEACH, FL 32961

New Principal Place of Business:

7509 SR. 52
SUITE 110
BAYONET PT, FL 34667

Current Mailing Address:

P.O. BOX 339
PORT RICHEY, FL 34673 US

New Mailing Address:

FEI Number: 65-1053103 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BAKHTIAR KAYANI, MUHAMMAD
4250-N A1A, #1204-A
FT PIERCE, FL 34949 US

Name and Address of New Registered Agent:

KAYANI, MUHAMMAD B
8433 JAMES JOSEPH WAY
101
PORT RICHEY, FL 34668 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MBK

01/03/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BAKHTIAR KAYANI, MUHAMMAD
Address: P.O. BOX 339
City-St-Zip: PORT RICHEY, FL 34673

Title: D () Delete
Name: KAYANI, IMRAN
Address: P.O. BOX 339
City-St-Zip: PORT RICHEY, FL 34673

Title: D () Delete
Name: MOIN, NADIA K
Address: P.O. BOX 339
City-St-Zip: PORT RICHEY, FL 34673

Title: D () Delete
Name: KAYANI, AKHTAR
Address: P.O. BOX 339
City-St-Zip: PORT RICHEY, FL 34673

Title: D () Delete
Name: KAYANI JAWAD, LUBNA
Address: P.O. BOX 339
City-St-Zip: PORT RICHEY, FL 34673

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: JAWAD, LUBNA
Address: P.O. BOX 339
City-St-Zip: PORT RICHEY, FL 34673

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MBK

PRES

01/03/2006

Electronic Signature of Signing Officer or Director

Date