PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM-

	RPORATION STATEMENT		Secre	ARTMENT OF Stary of State			05 JAN	ILED -3 PM 3:		
DOCUMENT # N01000000199 1. Corporation Name Resettlement Foundation, Inc.						SECKLIAN OF STATE TALLAHASSEE, FLORIDA				
7284 West Palmetto Park Road 7284 West Palmetto Park Road							REINSTATEMENT 02-05			
· ·			3. Mailing Office Ad 7284 West Palr	Office Address st Palmetto Park Road				ADELIA II	02:203	
Suite, Apt. #, etc. Suite, Apt. # 101 101				etc.		4. Date Incom	porated or Qualified			
City & State City & State Boca Raton, Florida Boca Ra			City & State Boca Raton, F	on, Florida		To Do Business in Florida 01/09/2001 5. FEI Number				
Zip 33433	Count	•	Zip 33433	Country		6.	E OF STATUS DESIRE		Not Applicable tional Fee required	
			7. Name a	nd Address of Curren	t Register	ed Agent				
Shahrukh Dhanji Street Address (P.O. Box Number is Not Acceptable) 7284 West Palmetto Park Road Suite, Apt. #, Etc. 101 City Boca Raton State State Zip Code 33433										
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									CR2E081 (01/04)	
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			
D	Shahrukh Dhanji			7284 West Palmetto Park Road #101			Boca Raton, Fl. 33433			
D	Gregory Esposito			7284 West Palmetto Park Road #101			Boca Raton, Fl. 33433			
D _	Syed M. Shah			7284 West Palmetto Park Road #101			Boca Raton, Fl. 33433			
	; , F									
10. 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: SIGNATURE: SIGNATURE AND TYPED OR PROTECT NAME OF SIGNING OFFICER OR DIRECTOR.										