_PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **CORPORATION** 03 MAR 18 AM 8: 24 Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS SECRETARY OF STATE TALLAHASSEE, FLORIDA DOCUMENT # NØ1000000199 1. Corporation Name Resettlement Foundation, Inc. 2. Principal Office Address 3. Mailing Office Address **vy·**03/18/03--01018--004 **122,50 3801 North Federal Hwy 3801 N**ör**th Federal Suite, Apt. #, etc. Sulte, Apt. #, etc. 4. Date Incorporated or Qualified

To Do Business in Florida January 9, 2001 City & State City & State 5. FEI Number Applied For Pompano Beach, FL Pompano Beach, FL 41-2084296 Not Applicable Country Country 33064 \$8.75 Additional Fee required U.S.A 33064 U.S.A CERTIFICATE OF STATUS DESIRED ion a pertificate of Status 7. Name and Address of Current Registered Agent Shahrukh S. Dhanji Street Address (P.O. Box Number is Not Acceptable) 3801 North Federal Hwy. Suite, Apt. #, Etc. State Zip.Code. Pompano Beach 33064 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 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 Street Address of Each Officer and/or Director Officers and/or Directors City / State / Zin DI Shahrukh S. Dhanji 3801 N. Federal Hwy. Pompano Beach, FL 3306 DΙ John Gaudiosi 3801 N. Federal Hwy. Pompano Beach, FL 3306 DI Greg Esposito 3801 N. Federal Hwy. Pompano Beach, FL 33064 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 accura signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR BANTED NAME OF SIGNING OFFICER OR DIRECTOR

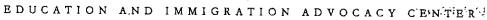
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RESETTLEMENT FOUNDATION, INC.

A-NOT-FOR PROFIT





March 13, 2003

Secretary of State Division of Corporations Reinstatement Section PO Box 6327 Tallahassee, FI 32314

Re: Resettlement Foundation, Inc.

Dear Reinstatement Specialist:

Please be advised that this company relocated shortly after incorporation; and therefore did not receive the UBR for filing for last year. It is therefore respectfully requested that you waive late penalties, and accept the annual fee otherwise assessed.

Accordingly, I have enclosed a Reinstatement form along with a check for fees totaling \$122.50.

Thanking you in advance for your anticipated cooperation in this matter.

Very truly yours,

Shahrukh S. Dhanji Executive Director