2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000000015

Entity Name: MASOOD FAMILY FOLINDATION

FILED Dec 07, 2004 Secretary of State

Entity Name:	MASOOD FAMILY FOUNDATION, INC) .			
Current Principal Place of Business:		New Prince	New Principal Place of Business:		
112 LEGEND LA PANAMA CITY I	AKE DR BEACH, FL 32107				
Current Mailing Address:		New Maili	New Mailing Address:		
112 LEGEND LA PANAMA CITY I	AKE DR BEACH, FL 32107				
FEI Number: FEI Number Applied For () FEI Number accordance with s. 607.193(2)(b), F.S., the corporation did not receive Name and Address of Current Registered Agent:		not receive the prior notic	lumber Not Applicable (X) Certificate of Status Desired () e the prior notice. Name and Address of New Registered Agent:		
NRAI SERVICES 526 E PARK AV TALLAHASSEE	E , FL 32301 US	nurnoso of changing i	ts registered office or registered agent, or b	oth	
in the State of Fl		purpose of changing i	is registered office of registered agent, or b	Jui,	
SIGNATURE: _					
	Electronic Signature of Registered Ag	gent	Date		
OFFICERS AND DIRECTORS:		ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	PRE () Change (X) Addition MASOOD, SOHAIL PRESID 112 LEGEND LAKE DRIVE PANAMA CITY BEACH, FL 32107		
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	SEC () Change (X) Addition MASOOD, MONA SECRET 112 LEGEND LAKE DRIVE PANAMA CITY BEACH, FL 32107		
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	DIR () Change (X) Addition MOUBAYAD, MAHER DIRECT 112 LEGEND LAKE DRIVE PANAMA CITY BEACH, FL 32107		
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	DIR () Change (X) Addition OBID, HIND DIRECT 112 LEGEND LAKE DRIVE PANAMA CITY BEACH, FL 32107		
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	DIR () Change (X) Addition BROWN, MATTHEW G DIRECT 8105 IRVINE CENTER DRIVE IRVINE, CA 92618		
Title: Name:	() Delete	Title: Name:	TRE () Change (X) Addition MASOOD, ASLAM TREAS		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

Address:

City-St-Zip:

112 LEGEND LAKE DRIVE

PANAMA CITY BEACH, FL 32107

SIGNATURE: MATTHEW G. BROWN DIR 12/07/2004

Address:

City-St-Zip: