<u>,</u>	PLE/	ASE HEAD	ALL INSTRUC	TIONS BEFORE	COMPLE	TING THIS FORM.	10,10
	RPORATION STATEMENT		<b>Kathe</b> Secreta	RTMENT OF STATE rine Harris ary of State corporations		FILED  02 APR 17 AM IÔ:	31
DOCUMENT # P0000030257						SECRETARY OF STATE	
1. Corpora	ition Name		prises;	INC.		TALLAHASSEE, FLOI	3107
2. Princina	l Office Address	<del>-</del>	2 Mailing Office And			100005349	2549
2. Principal Office Address  3. Mailing Office Address  3.17 W. Atlantic Blud 317 W. Atlantic  Suite, Apt. #, etc.  Suite, Apt. #, etc.					400053492548 -04/25/0201067009 d. *****308.75 *****308.75		
	·				4. Date Inco	prporated or Qualified siness in Florida	
City & State		and FL	City & State		5. FEI Numb	Pigich-	20 2000 Applied For
Zip	Countr	Beach, II	Pompano	Beach, FL	<u> 65-0</u>	990261	Not Applicable
33C	360 U.S	SA	33060	43A,	GERTIFICAT	TE OF STATUS DESIRED K	Additional Fee required Certificate of Status
,			7. Name and	Address of Current Regist	ered Agent		
	Name ANUAR M. Bashir						
	Street Address (P.O. Box Number is Not Acceptable)						
	317 W. Atlantic Blud.				<del></del>		
	City (					State Zip Code	
		ano Be		·		FL 33060	7
8. 1, 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 APR - 16-02  REGISTERED AGENT MUST SIGN							
9. Names a	and Street Addresses	·			land O disease		
Titles	And Street Addresses of Each Officer and/or Director (Florid Name of Officers and/or Directors		or Enector (Fiolities Horse)	Street Address of Each Officer and/or Director		City / State / Z	/ip
PRST	Anyar M. Bashir		);Y 317	bule situal IA. W FIE		Pompano Book, Fl 33060	
U.PSH	Mustaf	a K. Ba		W. Atlautic		Pampa NO Brog	
				w. KITABIK	<u> </u>	T BUTTY DO LUGO	14 (22000)
	, <u></u>				,		
	<u>.</u>				· · · · · · · · · · · · · · · · · · ·		
10. I certify t	that I am an officer or d	firector or the receive	er or trustee emnowered	to execute this annication as	provided for in the	apter 607 or 617, F.S. I further certif	and the second s
owed by	the corporation have t	the reason for dissol been paid and the na	ution has been eliminated imes of individuals listed	<ol> <li>the corporate name satisfie on this form do not qualify for</li> </ol>	s the requirements	aprer 607 or 617, F.S. I further centif s of section 607.0401 or 617.0401, I der section 119.07(3)(i), F.S. The info	C 45-4-114
on this a	pplication is true and a	occurate, and my sig	nature shall have the san	ne legal effect as if made und	er oath.		

APR-16-02

2050 Fromo Mogni Subs restaurant AgM enterprises Inc. John Mail 317 W. Atlantic Blud. adreess Pompano Beach, F1 33060 (954) 946-0101 Too Florida department of State ... We did not receive the Corporation Uniform bussiness report For reinstetment or to activate our Corporation and we request to waived of Penalty For the Corparation Thank You very much For reading this letter Att. Martal F. ANUAR M. BASHIR

First Signer of Corparation

(President)

(Secretary or Vice Prosident)

MUSTAFA K. BASHIR