PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
02 MAR 21 PM 5:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000035752

1. Corporation Name

FEZ CORPORATION

2. Principal Office Address	3. Mailing Office Address
4322 Bayvista Drive	5260 w 192
Suite, Apt. #, etc.	Suite, Apt. #, etc. 108
City & State KISSIMMEE	City & State KISSIMMEE
Zip 34746 County OSCEOLA	Zip 34746 County OSCEOLA

4. Date Incorporated or Qualified to Do Business in Florida JUNE 2000

5. FEI Number 59-3637807 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: BADREDDINE BOUCHAB CHOUB

Street Address (P.O. Box Number is Not Acceptable): 4322 BAY VISTA DRIVE

Suite, Apt. #, Etc.:

City: KISSIMMEE,FL State: FL Zip Code: 34746

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-04/05/02--01055--020
****308.75 ****308.75

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: [signature] REGISTERED AGENT MUST SIGN Date 3-19-02

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
P	BADREDDINE BOUCHABCHOUB	4322 BAY VISTA DRIVE	KISSIMMEE FL 34746
V.P	KHABIJA IRAQUI	4322 bayvista drive	KISSIMMEE, FL 34746
T	KHABIJA IRAQUI	4322 BAY VISTA DRIVE	KISSIMEE, FL 34746

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: Badreddine Bouchabchoub president 3-19-02 (407)397-9220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ACCOUNT NO. : 072100000032

REFERENCE : 487447 7329850

AUTHORIZATION :

COST LIMIT : $ PPD

RESUBMIT

Please give original submission date as file date.

ORDER DATE : March 21, 2002

ORDER TIME : 2:16 PM

ORDER NO. : 487447-005

CUSTOMER NO: 7329850

CUSTOMER: Mr. Badreddine Bouchabchoub
Fez Corp.
4322 Bay Vista Drive

Kissimmee, FL 34746

RECEIVED
02 MAR 21 PM 3:04
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOMESTIC FILINGS

NAME: FEZ CORP.

RECEIVED
02 MAR 26 PM 2:01
DIVISION OF CORPORATION

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight EX 1156

EXAMINER'S INITIALS _____