

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
 Jim Smith  
 Secretary of State  
 DIVISION OF CORPORATIONS

APPROVED AND FILED

03 MAY 27 AM 8:44

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # W03-13918

1. Corporation Name  
PO0000044134  
JAHANARA Hai Corporation

Principal Place of Business Mailing Address  
2200 N.W 95th St 2200 N.W 95th St  
MIAMI - FL 33147 MIAMI - FL 33147

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 01-03

2. New Principal Office Address, If Applicable  
2200 N.W 95th St

3. New Mailing Office Address, If Applicable  
2200 N.W 95th St

4. Date Incorporated or Qualified To Do Business in Florida  
05/02/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number  
65-1008264

City & State  
MIAMI - FL

City & State  
MIAMI - FL

Applied For Not Applicable

Zip  
33147

Country

Zip  
33147

Country

CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PO	HAI MOHAMMAD ABDUL	2200 N.W 95th St	MIAMI - FL 33147
STD	Hai JAHANGIR	2200 N.W 95th St	MIAMI - FL 33147

500018466875  
 05/07/08--01109--010 \*\*1050.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent  
 Name Hai MOHAMMAD ABDUL  
 Street Address (P.O. Box Number is Not Acceptable) 2200 N.W 95th St  
 Suite, Apt. #, Etc.  
 City MIAMI State FL Zip Code 33147

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent X

REGISTERED AGENT MUST SIGN

Date 04/29/03

11. 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: 5-20-003