

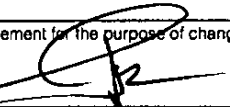
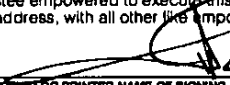


2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P00000078982 1. Entity Name WASIMS INC.					
Principal Place of Business 873 WEST BAY DRIVE LARGO, FL 33770			Mailing Address 873 WEST BAY DRIVE LARGO, FL 33770		
2. Principal Place of Business - No P.O. Box # 2505 THONOTOASSA RD Suite, Apt. #, etc. PLANT CITY FL City & State		3. Mailing Address 1967 FRUITRIDGE ST Suite, Apt. #, etc. BRANDON, FL City & State Zip 33563 Country Zip 33510 Country		FILED 07 JAN 16 PM 2:24 SECRETARY OF STATE TALLAHASSEE, FLORIDA  REINSTATEMENT 01/12/2007 REIN.P CRZE098 (1/07) 06-07-07	
4. FEI Number 59-3663369				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent WASIM, MUHAMMAD 873 WEST BAY DRIVE LARGO, FL 33770	
7. Name and Address of New Registered Agent Name WASIM, MUHAMMAD Street Address (P.O. Box Number is Not Acceptable) 1967 FRUITRIDGE ST City BRANDON FL Zip Code 33510				8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE  DATE 1/11/07 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WASIM, MUHAMMAD 1967 FRUITRIDGE ST BRANDON, FL 33510	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT NAJMA WASIM 1967 FRUITRIDGE BRANDON FL 33510	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	700086466827 01/30/07--01003--013 **300.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			Date 1/11/07 Daytime Phone # 813-764-9878		