PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS BORM.

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CORPORATION REINSTATEMENT			FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS			02 DEC -3 AM II: 28 SECRETARY OF STATE TALLAHASSET FLORIDA						
DOCUMENT # <i>POODOOO 80838</i> 1. Corporation Name												
INAARA CORPORATION												
2. Principal Office Address			3. Mailing Office Address			1						
2468 BELLAIR RU Suite, Apr. #, etc.			Suite, Apt. #, etc.			4. Date Incor					1	7
City & State CLEARWATER, FL			City & State			To Do Business in Florida 5. FEt Number Applie						1
Zip			Zip	Cour	itry	6- CERTIFICATI	ACOMICIONE OF CONTROL OCCIDED 1			ditional F	opplicable ee require of Status	
7. Name and Address of Current Registered Agent											#	
Name ABDVL RAHIM QASSAM Street Address (P.O. Box Number is Not Acceptable) 246P BELLAIR RD Suite, Apt. #, Etc. City CLEARWATER						12/10/02010/9003 **150 00 State Zip Code FL 33764						
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 Pate REGISTERED AGENT MUST SIGN												CR2E081 (9/01)
9. Names an	d Street Addresses o		/or Director (Florida				1		•			-
Titles	Name of Officers and/or Directors			Street Address of Each Officer and/or Director			City / State / Zip					4
P	RAFIQ QASSAM		AM Z	2468 E	BELLAIR	RD	D CLEARWATER			Fζ	33764	ר
	- *	<u> </u>		-1-1-14-14-1 -1-1								
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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 oliminated, 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 SIGNATURE SIGNATURE Date Daytime Phone #												

gr 12/4

LUCKY RNRJ CORPRATION

2468 BELLAIR ROAD CLEARWATER, FLORIDA 33764

November 20, 2002

Department of State Division of Corporations P. O. Box 6327 ____ Tallahassee, FI 32314

re: Lucky RNRJ Corporation P96000052342, and INAARA Corporation P00000080838

Gentlemen:

2.

Enclosed please find an executed Corporation Reinstatement form for the two (2) above listed corporations, and the respective checks #2765 and #1463 in the respective amounts of \$150.00 each covering the annual report fees for the current year of each corporation.

We hereby respectfully request a waiver of the reinstatement fee based on the following circumstances:

1. We never received the annual reports for these corporations. Previously the corporation address was 6800 4th. Street North, St. Petersburg, Florida for Lucky RNRJ Corp, and 300 E. Princeton St., Orlando, Fl 33803 for INAARA Corp. prior to moving to our current address.

On April 11, 2002, we paid our accountant at the time, Chandra Merta \$450.00 for her to renew the annual fees of 3 corporations for which we had not received the annual report, a copy of the check is hereby enclosed for your information. This payment involved the two (2) above listed corporation and a third which was sold, and we do not need it reinstated. Since the check was cashed, we assumed that the corporations' annual reports for these corporations were renewed by our accountant. It was not until our new accountants looked into it that we found the corporations were dissolved.

We therefore request the reinstatement of these two (2) corporations and the abatement of the reinstatement fees.

We thank you for your prompt attention to this matter and its favorable resolution.

Very truly yours,

Abdul R. Øassam

Rafiq Qassam

w/ enclosure