DI EASE DEAD ALL INICTOLICTIONIC DEFODE COMPLETINIC TURC FORM

PLEASE READ	ALL INSTR	OCHONS BEFOR	RE COMPLET	ING THIS FOR	(IVI. <i>j 04</i>)	
CORPORATION REINSTATEMENT	Socretary of State			ALLEG VISION OF CORPURATION 04 JUN 24 PM 1:35		
DOCUMENT # PO 600	0/044	197		•		
Pearl Managment CO Inc			nEIN	HEINSTATEMENT 13-04		
2. Principal Office Address 1312 E COIUMBUS DE	1312 E	3. Mailing Office Address 13 12 E COlumbus OR		0104	8 020 #300.	
,		e, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida		
City & State Tampa FL 33605	City & State	PL 33605	5. FEI Numbe		Applied For	
33605 Country	3360S	Country	6.	E OF STATUS DESIRED	Silis Additional Feorequired to o Certificate of Status	
	7. Nam	ne and Address of Current R	egistered Agent		<u>, </u>	
Name SEEMA AKHTER						
Street Address (P.O. Box Number is Not Acceptable)					;	
Suite, Apt, #, Etc.	e Chase				<u></u>	
Galla, F. pa. II, Etc.						
City Tampa				State Zip Code FL 3360	5	
8. I, being appointed the registered agent of the abo	ove named corporati	ion, am familiar with and accep	ot the obligations of secti	on 607.0505 or 617.0503	, F.S.	
Signature of Registered Agent Date O6-23-0						
9. Names and Street Addresses of Each Officer an	d/or Director (Florida	a nonprofit corporations must l	ist at least 3 directors)			
Titles Name of Officers and/or Directors		Street Address of Each Officer and/or Director		City / State / Zip		
resident SEEMA AKHTER		17382 Emera DR Tampa	PL33647	tampa	FL 33647	
					No. of Contract	
10 Loadify that Law on efficacy of discussions	since as to the contract of	nuorad ta accessita Million		-1007		
 10. I certify that I am an officer or director or the rece 	eiver or trustee empo	owered to execute this applicati	ion as provided for in cha	pter 607 or 617, F.S. I fur	ther certify that when filing	

this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607,7.3. Intilitier certify that when liting 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: SEGMA PKHTER 1 06 -22 - 04 813948 5114

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

FL Department of State Secretory of State Division of corporation Dear Sir ormadam I run a bussiness name as Columbus Food mart corporation Pearl Managment to INC I amy runing with problem my corporation is in adive I just foundout I have more from my old advers and for some reason a didn't recieve form 50 pleas accept my appolosys and reinstead my corporation corporation EIN NO is 59-3679603 9 will appreciated Your Sincerly Seema Archter Oblicer of Pearl managmet CO INC 06-22-04 allention eula you can reach me

813-9104197