CORPORATION REINSTATEMENT



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

DOCUMENT # P00000108327	MENT # P000)00108327
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1. Corporation Name

WARSI HOLDINGS, INC.

SECRETARY PHYISION OF 13	AM 8:01

				80000950:	9098	
2. Principal Office Address 266, WILSHIRE BLVD Suite, Apt. #, etc. SUITE 127 City & State CASSELBERRY, FLORIDA		3. Mailing Office Address 266, WILSHIRE BLVD. Suite, Apt. #, etc. SUITE 127 City & State CASSELBERRY, FLORIDA		12/13/0201077014 **758.75		
				4. Date Incorporated or Qualified To Do Business in Florida NOVEMBER 17, 2000		
				5. FEI Number 03-0459566	Applied For Not Applicable	
Zip ,**	Country	Zip 32707	Country USA	6. CERTIFICATE OF STATUS DESIRED	58.75 Additional Fee require for a Certificate of Status	

32/0/	USA	02.01			
•	7. Name and Address of Current Registered Agent				
	NASIR HABIB	WARSI		REINST	ATEMENT
	Street Address (P.O. Box Number is Not Acceptable) 266, WILSHIRE BLVD.				
	Suite, Apt. #, Etc. SUITE 127				
	CASSELBERRY	,		State FL	Zip Code 32707
8. I, being	g appointed the registered agent o	f the above named corporat	lon, am familiar with and acce	pt the obligations of section 607.050	5 or 617.0503, F.S.

NAME WARSI

REGISTERED AGENT MUST SIGN				
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	
MR. P	NASIR HABIB WARSI	266, WILSHIRE BLVD., SUITE 127	CASSELBERRY, FL, 32707	
MRS910	RAHAT NASIR WARSI	266, WILSHIRE BLVD., SUITE 127	CASSELBERRY, FL, 32707	
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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 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:

Signature of

SIGNATURE AND TYPED OR PRINTED NAME

6DEC2002

(407) 2633000

DECEMBER 6, 2002

required