

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P01000001831

1. Corporation Name

DAWN PUBLICATION INC.

Principal Place of Business Mailing Address

10300 SW 72ND STREET SUITE 300 *162*  
MIAMI FL 33173  
DAWN PUBLICATION  
PO BOX 833455  
MIAMI FL 33173

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

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida **01/04/2001**

5. FEI Number **65-0733155**  Applied For  Not Applicable

6. 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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PD	AHMED, MUBARIK	PO BOX 833455	MIAMI FL 33173
			900024265199 10/30/03--01007--006 **150.00

8. Name and Address of Current Registered Agent

AHMED, MUBARIK  
10300 SW 72ND STREET SUITE 300  
MIAMI FL 33173

9. Name and Address of New Registered Agent

Name **AHMED MUBARIK**  
Street Address (P.O. Box Number is Not Acceptable)  
**10300 SW-72 STREET SUITE 162**  
Suite, Apt. #, Etc.  
**SUITE 162**  
City **MIAMI** State **FL** Zip Code **33173**

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 *Mubarak Ahmed*

REGISTERED AGENT MUST SIGN

Date **10/25/03**

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: *AHMED MUBARIK*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **10/25/03** Daytime Phone # **279-2844**

Mubarik Ahmed  
President  
Dawn Publication, Inc.  
10300 S.W. 72nd St. #162  
Miami, FL 33173

October 27, 2003

Reinstatement Dept.  
Division of Corporations  
Department of State  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Reinstatement Of Dawn Publication

Dear Sir or Madam,

I am writing to you to state that I did not receive an annual report of the above Corporation Renewal. The reason for this is because I was terminally ill for the last two years, and I probably missed the letter in the mail.

I request to you to reinstate Dawn Publication, Inc. for \$150.00. I am enclosing a check for that amount. If you need proof of my medical history, please do not hesitate to contact me at 305-279-2844. Thank you for your kind cooperation.

Sincerely,



Mubarik Ahmed

Enclosed: Application for Reinstatement and check for \$150.00.