

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAY -6 PM 8:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000031459

1. Corporation Name

OM CAPTIAL INVESTMENT CORPORATION

2. Principal Office Address

3315 N. NEBRASKA

Suite, Apt. #, etc.

City & State

TAMPA, FL

Zip

33603

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

04/16/2002

5. FEI Number
593709040

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

MATTAR, ALI

Street Address (P.O. Box Number is Not Acceptable)

9125 EGRET COVE CIRCLE

Suite, Apt. #, Etc.

City

RIVERVIEW

State

FL

Zip Code

33569

400036473324
05/14/04 01049 007 **300.00

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

Date 4-19-04

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
P	MATTAR, ALI	9125 EGRET COVE CIRCLE	RIVERVIEW, FL 33569
V	ZYDANI, ALI	2007 BRANDON CROSSING, #102	BRANDON, FL 33511

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-19-04

Daytime Phone #

CR2E081 (01/04)

Carregal Accounting Service

10809 N. 56th Street, Temple Terrace, Florida 33617
(813)877-6371 FAX(813)868-0774

State of Florida
Division of Corporations
PO BOX 6327
Tallahassee, Florida 32314

28 April 2004

RE: OM CAPITAL INVESTMENT COPORATION. Doc# P98000004414

To Whom It Concern:

This letter is to inform you that my client, Dr. Ali Zydani never received his UBR form in the past year. The principle address for the corporation is 3315 N Nebrasksa, Tampa, FL 33603

We are requesting that any filing fees be waived. Enclosed, please find a check for \$300.00 and a reinstatement application. Covering 2003 and 2004

Sincerely,



Alan Carregal