

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 NOV 20 AM 8:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 02

<b>CORPORATION REINSTATEMENT</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS			
<b>DOCUMENT #</b> P01000048662							
1. Corporation Name  LAKE WORTH STATION, INC.							
2. Principal Office Address  6323 LAKE WORTH ROAD Suite, Apt. #, etc.				3. Mailing Office Address  6323 Lake worth Rd LAKE WORTH FL-33463			
City & State  LAKE WORTH, FL				City & State  FL-33463			
Zip  33463		Country		Zip  33463		Country	

4. Date Incorporated or Qualified To Do Business in Florida  5/10/2001	
5. FEI Number  65-1102059	Applied For  Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name  MUHAMMAD S. HASAN		
Street Address (P.O. Box Number is Not Acceptable)  5216 MISTY MORN		
Suite, Apt. #, Etc.		
City		State  FL
		Zip Code  33417

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 \_\_\_\_\_

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/S/T/D	MUHAMMAD S. HASAN	4383 WILLOW POND ROAD CIRCLE	WEST PALM BEACH, FL 33417

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:

MUHAMMAD S. HASAN  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #