## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM WITH

	AND														
	RPORATI ISTATEM						TMENT y of Sta	OF STATE		¥	f 03 SEP 2	ALD	-		
DOCUMENT # PO1000065 1. Corporation Name  JULIA HOLDINGS, IN										SECRETARY OF STATE FALLAHASSEE, FLORIDA					
						Mailing Office Address 740 Silverwood Dr				REINSTATEMENT 02-03 700023211677 09/19/0301078005 **908.75					
Suite, Apt. #, etc.  City & State  Lake Many, FL					Suite, Apt. #, etc.  City & State  Lake Mary, FL				4. Date Incorporated or Qualified To Do Business in Florida 3 Jul O    5. FEI Number   Applied For						
zip 327	46	Country	SA		zip 327	46	Country		6.		US DESIRED	\$8.75 Addi	Not Applicate tional Fee requiring the state of	iired	
					7.	Name and A	ddrage of	Current Registe	rad Asset			TO TO ST	incate of State	5	
\$ \frac{1}{2}	Name  DANIEL A. Badran  Street Address (P.O. Box Number is Not Acceptable)  LO3O SOUTH MAIHAND AV.  Suite, Apt. #, Etc.  City MaiHand  State Zip Code FL 32751														
8. I, being appointed the registered gent 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  REGISTERED AGENT MUST SIGN													>3	CRZE081 (10/02)	
9. Names	and Street Add	dresses	of Each O	fficer and/	or Director (Flo	rida nonpro	fit corporation	ons must list at le	ast 3 directors	)			<u>".</u>	7	
Titles	Name of Officers and/or Directors					Street Address of Each Officer and/or Director					City / State / Zip				
1 ×25	NASHAAT WAHDAN					227 Parunia Terri			Sanford, FL32771						
Treas.	Daviel A. Babran					6305, Maitland A				M	HIFLON	DIFL	3275		
SEC.	Dantel A. BODRON				630 S. Maitland Ar.				Ma	Maitland, FL 32751					
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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 filling 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:															
SIGNAL		NATURE	AN TYPE	OR PRÍNT	ED NAME OF S	IGNING OFF	CER OR DIR	ECTOR		Date	13.10=	Daytime Phone	3 #	1	