


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**APPLICATION FOR**

**FLORIDA DEPARTMENT OF STATE**

**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 AUG -4 AM 8:00

**DOCUMENT # P01000079597**

1. Corporation Name  
**SANNAD, INC.**

Principal Place of Business      Mailing Address

1474 SW 6TH STREET      1474 SW 6TH STREET  
MIAMI FL 33135      MIAMI FL 33135

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



UBR 2002 + 2003 MFD

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      Country      Zip      Country

4. Date Incorporated or Qualified To Do Business in Florida      08/13/2001

5. FEI Number **65-1131713**      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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	ALOMARI, HAITHAM	1474 SW 6TH STREET	MIAMI FL 33135

500022037535  
08/04/03--01034--003 \*\*\*300.00

8. Name and Address of Current Registered Agent

**ALOMARI, HAITHAM**  
1474 SW 6TH STREET  
MIAMI FL 33135

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City      State **FL**      Zip Code

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 **SIGNATURE REQUIRED**      Date **04/29/03**

REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director of 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 REQUIRED**      Date **04/29/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Daytime Phone #

CRRE040 (8/02)

*PK/MS*

04/29/03

TO: DIVISION OF CORPORATIONS

SUBJECT: *SANWAID INC. Annual Reports 2002/2003 Annual Report*

ENCLOSED PLEASE FIND MY RE-STATEMENT FORM AS DISCUSSED WITH \$300.00  
FOR THE YEARS 2002 AND 2003 DUE I NEVER RECEIVED NO PRIOR REPORTS AND YOU  
WOULD WAIVE THE PENALTY.

SINCERELY YOURS

*[Handwritten signature]*