

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 NOV -7 AM 11:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000084663

1. Corporation Name  
SHOPS AT COCONUT CREEK, INC.

Principal Place of Business  
6946 E. WEDGEWOOD AVENUE  
DAVIE FL 33331

Mailing Address  
6946 E. WEDGEWOOD AVENUE  
DAVIE FL 33331



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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite; Apt. #, etc.		08/27/2001	
City & State		City & State		5. FEI Number	
Zip		Country		65-1133032	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
D	KHAN, SHOIB	6946 E. WEDGEWOOD AVENUE	DAVIE FL 33331
D	SIDDIQUI, NAFEEES	6946 E. WEDGEWOOD AVENUE	DAVIE FL 33331
D	KHAN, NAJEEB U	6946 E. WEDGEWOOD AVENUE	DAVIE FL 33331

500008879305  
11/07/02--01089--019 \*\*150.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
BLOOMGARDEN, PAUL M PINE ISLAND COMMONS SUITE 208 8551 WEST SUNRISE BLVD. FORT LAUDERDALE FL 33322		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: 11/5/02

REGISTERED AGENT MUST SIGN

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: SIGNATURE REQUIRED Date: 11-5-02

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

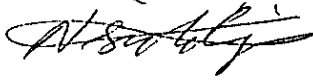
CR2E040 (8/02)

To whom it may concern

Sir respectfully I want to state that we did not recieved the UBR renewal form from the Florida Department of State before the filing deadline. Therefore please accept the standard fee for the renewal of UBR form. I will greatly appreciate your help in this matter.

regards

Nafees Siddiqui



11-5-02