


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT 02-03		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P01000108934			
1. Corporation Name RASHID AND SON, INC			
2. Principal Office Address #2307-B SOUTH DALE MABRY Suite, Apt. #, etc. SUITE # "B" City & State TAMPA, FL Zip 33629 Country HILLSBROUGH		3. Mailing Office Address #2307-B SOUTH DALE MABRY Suite, Apt. #, etc. SUITE # "B" City & State TAMPA, FL Zip 33629 Country HILLSBROUGH	

FILED


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

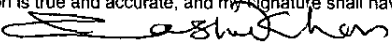
000021235030
07/01/03--01015--012 **308.75

4. Date Incorporated or Qualified To Do Business in Florida NOV-21-2001	
5. FEI Number 59-3756543	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name RASHID KHAN	
Street Address (P.O. Box Number is Not Acceptable) #2307-B, SOUTH DALE MABRY	
Suite, Apt. #, Etc. SUITE # "B"	
City TAMPA	State FL Zip Code 33629

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 20/June/2003
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
PRESIDENT	RASHID KHAN	#2307-B SOUTH DALE MABRY	TAMPA, FL, 33629
CHIEF EXEC. OFFICER	ATIF KHAN	#2307-B SOUTH DALE MABRY	TAMPA, FL, 33629
CHIEF FINANCE OFFICER	TALAT KHAN	2307-B SOUTH DALE MABRY	TAMPA, FL, 33629

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 20/June/03 Daytime Phone # (813) 258-1084

CR2E081 (10/02)

FLORIDA DEPARTMENT OF STATE
SECRETARY OF STATE
DIVISION OF CORPORATION

JUNE 20, 2003
TAMPA, FLORIDA

ATTN: MRS EULA

REF:

RENEWAL OF CORPORATION
REINSTATEMENT

Doc # P01000108934

DEAR SIR,

(*) FURTHER TO OUR EARLIER TELEPHONE CONVERSATION, ENCLOSE HEREWITH IS THE CORPORATION REINSTATEMENT FORM DULY COMPLETED AS PER YOUR REQUIREMENT

(*) WE DID NOT RECEIVE ANY RENEWAL FORM FROM YOUR OFFICE BECAUSE OF THE CHANGE OF ADDRESS.

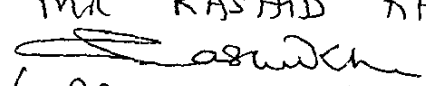
(*) ENCLOSE HEREWITH IS A CHECK FOR THE AMOUNT OF \$308.75 (CHK#1268)

@ FEES FOR NOV 21, 2001 to 2002 → \$150⁰⁰

@ FEES FOR NOV 21, 2002 to 2003 → \$150⁰⁰

@ CERTIFICATE FOR STATUS → \$8⁷⁵

\$308⁷⁵

(*) PLEASE KINDLY RENEW THE REINSTATEMENT OF OUR CORPORATION, THANKS
MR RASHID KHAN

(PRESIDENT)