PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 04 NOV -8 PM 2: 04
DOCUMENT # P 0 000 14 4 9 8		SECRETARY OF STATE TALLAHASSEE, FLORIDA
AL HUMA SN	'c	•
2. Principal Office Address 2. 859 BIRA AVE Suite, Apt. #, etc.	3. Mailing Office Address Some as Sure, Apt. #, etc.	REMSTATEMENT_02-04_
очне, при. π, вис.	·	4. Date incorporated or Qualified To Do Business in Florida
City & State MIAMI FL	City & State MIA-MI FL	5. FEI Number Applied For
33133 MIAMI DAPA	Zip - Country	6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent Name		
NELO FAR T. G. HAN) Street Address (P.O. Box Number is Not Acceptable) 14402 S.W 113 TER KENDAL Suite, Apt. #, Etc. City M/AMI State Zip Code 33186		
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 Weldfan T. Ghani REGISTERED AGENT MUST SIGN		
***	or Director (Florida nonprofit corporations must list at lea	ast 3 directors)
Titles Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Present Welofar J. Goh	ai 14402 S.W.	113TER MIANIFL 33186
D Fahem Mol	142508W	NOTER MIAHI FL 33186
	Bell12	05/07/02 90227 OW \$15000
		11/08/0401946012 **150.00
		03/17/03 01063 621 \$758.75
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: Nelson J. Ghowi SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		