

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 NOV -7 AM 9:06

SEC OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # *P01000121157*

1. Corporation Name

*SHUSHA ENTERPRISES, INC.*

2. Principal Office Address

*19551 NW 57 PLACE*

Suite, Apt. #, etc.

3. Mailing Office Address

*2510 NW 97 AVE.*

Suite, Apt. #, etc.

*120*

City & State

*MIAMI, FL*

City & State

*MIAMI, FL*

Zip

*33015*

Country *MIAMI-DADE*

Zip

*33172-1407*

Country *MIAMI*

*DADE*

4. Date Incorporated or Qualified  
To Do Business in Florida

*12-26-01*

5. FEI Number

*80-0004798*

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

200024508622

11/07/03--01052--001 \*\*150.00

**REINSTATEMENT**

*03*

7. Name and Address of Current Registered Agent

Name

*BAHRAM PIRANI*

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

*19551 N.W. 57 PLACE*

Suite, Apt. #, Etc.

City

*MIAMI*

State

*FL*

Zip Code

*33015*

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

*B. Pirani*

Date *11-06-03*

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
<i>P/D</i>	<i>YASMIN PIRANI</i>	<i>19551 N.W. 57 PLACE</i>	<i>MIAMI, FL 33015</i>
<i>VP/D</i>	<i>BAHRAM PIRANI</i>	<i>19551 N.W. 57 PLACE</i>	<i>MIAMI, FL 33015</i>

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:

*B. Pirani*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

*11-06-03*

Daytime Phone #

CR2E081 (10/02)

SHUSHA ENTERPRISES, INC.  
19551 N.W. 57<sup>th</sup> Place  
Miami, Florida 33015

November 6, 2003

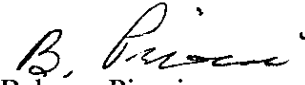
Florida Department of State  
Secretary of State/Div. Of Corp.  
409 East Gaines Street  
Tallahassee, Florida 32399

Dear Sir or Madam:

A Please be kindly noted that I, the undersigned, affirmatively state that I have not received, seen or otherwise became aware of receiving the UBR for the year 2003. And, therefore, request your good office to abate the penalty. A check in the amount of \$150.00 is enclosed along with the application of reinstatement. Kindly treat this as timely filed.

A pre-addressed return "Fedex" envelope is enclosed herewith. Please expedite filing and mail via Fedex.

I thank you and appreciate your help in this matter.

  
Bahram Pirani  
VP/Director