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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
04 JUL -7 AM 5:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000019125

1. Corporation Name
KHADIJA'S Corp.

REINSTATEMENT 03-04

2. Principal Office Address	3. Mailing Office Address
4322 Bay Vista Dr	5042 W192
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Kissimmee FL	City & State: FL Kissimmee
Zip: 34746 Country: osceola	Zip: 34746 Country: osceola

4. Date Incorporated or Qualified To Do Business in Florida: 2-20-02

5. FEI Number: 38-3643545 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Badredine BOUCHARCHOUB
Street Address (P.O. Box Number is Not Acceptable): 4322 Bay Vista Dr
Suite, Apt. #, Etc.:
City: Kissimmee State: FL Zip Code: 34746

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: [signature] REGISTERED AGENT MUST SIGN Date: 7-7-04

CR2E031 (01/00)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Badredine Bouc-	4322 Bay Vista Dr	Kissimmee FL 34746
V.P	KHADIJA IRAQUI	4322 Bay Vista Dr	Kissimmee FL 34746

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] 7-7-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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Florida Department of State
Division of Corporations
Public Access System

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Fax Number : (850)205-0384

From:
Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
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SYK

CORPORATION REINSTATEMENT

KHADIJA'S CORPORATION

Certificate of Status	0
Certified Copy	0
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