

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 MAR 16 PM 1:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000053766**

1. Corporation Name **ANDALUSIAN HOMES INC.**

2. Principal Office Address **2665 S. Bayshore Dr.**

Suite, Apt. #, etc.
Suite 609

City & State
Miami, FL

Zip **33133** Country **USA**

3. Mailing Office Address **2665 S. Bayshore Dr.**

Suite, Apt. #, etc.
Suite 609

City & State
Miami, FL

Zip **33133** Country **USA**

REINSTATEMENT 03-05

4. Date Incorporated or Qualified To Do Business in Florida _____
5. FEI Number **03-0446238** 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 **Fadi Bahri**

Street Address (P.O. Box Number is Not Acceptable)
2665 S. Bayshore Drive

Suite, Apt. #, Etc.
Suite 609

City
Miami

900048981789
03/23/05 01000 004 ***450.75

State **FL** Zip Code **33133**

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 _____

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
V.P.	FADI BAHRI	2665 S. Bayshore Dr. #609	Miami, FL 33133

3/1/05

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/05
Date

(305) 860 8996
Daytime Phone #

CR2E081 (01/05)

March 14, 2005

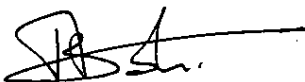
Florida Department of State
Divisions of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RE: Reinstatement Fee

To Whom It May Concern:

Regarding your letter dated March 9th, 2005. I spoke to a customer service representative at which time she advised me that the \$600.00 reinstatement fee would be waived. We never received notices of the annual report, due to a change in address. Attached please find our payment minus the \$600.00 reinstatement fee. Please feel free to contact me should you have any questions at (305) 860-8996.

Sincerely,



Fadi Bahri