

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

04 JUL 12 AM 9:03
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

**CORPORATION
 REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P02000054000

1. Corporation Name
 HANAN ENTERPRISES INC.

6099 WEST SUNRISE BLVD
 6099 WEST SUNRISE BLVD

2. Principal Office Address
 6099 WEST SUNRISE BLVD

3. Mailing Office Address
 6099 WEST SUNRISE BLVD

Suite, Apt. #, etc.

City & State
 SUNRISE FLORIDA

Zip Country
 33313 USA

700039352887
 07/20/04--01074--001 **300.00

4. Date Incorporated or Qualified
 To Do Business in Florida

5. FEI Number
 43-1962393

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

7. Name and Address of Current Registered Agent

Name
 HISHAM ABUARAM

Street Address (P.O. Box Number is Not Acceptable)
 6099 WEST SUNRISE BLVD

Suite, Apt. #, Etc.

City
 SUNRISE

State
 FL

Zip Code
 33313

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 06/22/04
 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
PD	HISHAM ABUARAM	6099 WEST SUNRISE BLVD	SUNRISE FLORIDA 3313

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 06/22/04
 Daytime Phone # _____

CR2E081 (01/04)

MIAMI, 06/21/2004

TO: DIVISION OF CORPORATIONS

**SUBJECT: HANAN ENTERPRISES INC. (P02000054000)
RE INSTATEMENTS FORM 2003-2004**

ENCLOSED PLEASE FIND MY CORPORATION REINSTATEMENT WITH MY FEE OF \$300.00 FOR THE YEARS 2003 AND 2004, AS DISCUSSED WITH YOUR DEPARTMENT, DUE I NEVER RECEIVED THE ORIGINAL REPORT OF 2003 AND 2004 , YOU DISOLVED THE CORPORATION AND I HAD TO DOWNLOADED FROM THE INTERNET PER YOUR INSTRUCTIONS.

SORRY FOR ANY INCONVENIENCE THIS MAY HAVE CAUSED.

SINCERELY YOURS



ABUARAM HISHAM
PRESIDENT