PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	PORATI STATEM			S	ecretary	TMENT OF S of State DRPORATIONS	TATE		<u>*</u> 0	FILE:		•	
DOCU 1. Corporal Quick M	tion Name	# P0	2000065820					SECRETARY OF STATE TALLAHASSEE, FLORIDA					
	orth Feder orth Feder	-	-	,			····						
2. Principal Office Address 3900 North Federal Highway				3. Mailing Office Address 3900 North Federal Highway				द्राष्ट्राइ	7/\51	IMENT	NΩ	مام	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				=68 (1 <i>©</i>) [i <i>lri</i> d ()		<u>U3</u>	-04	ر •
City & State				City & State				Date Incorporated or Qualified To Do Business in Florida 06/25/2002					
Lighthouse Point Florida				Lighthouse	e Point		5. FEI Numl 03-0462				Applied For Not Applicable		
Zip 33064	Country Broward		Zip 33064		Country Broward		6. CERTIFICATE OF STATUS DESIRED				ee requirec	-	
7. Name and Address of Current Registered Agent													
	Name Saleh Saleh									a.1.2215	SE!	l I	
Street Address (P.O. Box Number is Not Acceptable) 3900 North Federal Highway							10/08	3/04	01052008	**30C	.00		
	Suite, Apt. #, Etc.												
	City Lighthou	ise Po	pint						State FL	Zip Code 33064			
8. I, being	appointed the	register	ed agent of the abo	ve named corpor	ation, am fa	emiliar with and ac	cept the ol	bligations of secti	on 607.05	05 or 617.0503, F.S.	_		CR2E081 (01/04)
Signature of Registered Agent REGISTERED AGENT MUST SIGN								Date 10/04/2004					CR2E08
9. Names	and Street Ad	Idresses	of Each Officer and				st list at le	ast 3 directors)					
Titles		Office	Name of s and/or Directors	Street Address of Each Officer and/or Director				City / State / Zip					
Preside Saleh Saleh				3900 North Federal Highw			Highwa	ay ,	Lighthouse Point FI 33064				
			<u></u>						,,			_	
									10	10/10			
			<u> </u>					· · · · · · · · · · · · · · · · · · ·	1/2/	10/12		:	
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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: SIGNATURE: SIGNATURE SIGN													
L	<u> </u>		<u> </u>										1

SUNOCO QUICK MART INC 3900 N. FEDERAL HWY LIGHTHOUSE POINTE, FL 33064

To whom may concern: FLORIDA DEPARTMENT OF STATE

~We are hereby sending this letter base on that the corporation specifically Quick Mart Inc was expire and was never renew base on that we never receive the 2003 Annual Report neither the first or second notice, and base on a conversation with one of the operator of the Florida Department of State in which she was very pleasant and very helpful, she explained to me to send a check for the amount of \$300.00 and this letter explaining.

~ 5 L .

- ~I sincerely appreciate the professionalism and the attention this department gave me
- ~If there is any concern do not he sitate to contact Saleh Saleh at (754) 366-2397.

Saleh Saleh President

SINCERELY YOURS,