

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 21 AM 8:50

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P02000068042

1. Corporation Name

BestBrands-Cutting Edge Electronics, Inc.

2. Principal Office Address

4200 Conroy Road

3. Mailing Office Address

4200 Conroy Road

Suite, Apt. #, etc.

Suite A106

Suite, Apt. #, etc.

Suite A106

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32839

Country

Orange

Zip

32839

Country

Orange

**4. Date Incorporated or Qualified
To Do Business in Florida**

09/09/2002

5. FEI Number

51-0416481

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03

7. Name and Address of Current Registered Agent

Name

Bassam Alkowni

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

4200 Conroy Road

Suite, Apt. #, Etc.

Suite A106

City

Orlando

State

FL

Zip Code

32839

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

BASSAM ALKOWNI

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 |
|--------|--------------------------------------|---|--------------------|
| PD | Bassam Alkowni | 4200 Conroy Road, Suite A106 | Orlando, FL 32839 |
| VTD | Haseena Khan | 4200 Conroy Road, Suite A106 | Orlando, FL 32839 |
| S | Patricia Khan | 4200 Conroy Road, Suite A106 | Orlando, FL 32839 |
| | | | |
| | | | |
| | | | |

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:

BASSAM ALKOWNI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/19/2003

Daytime Phone #

407-345-5454

CR2E081 (10/02)