

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>P02000088117.</u>			
1. Corporation Name <u>Platinum Image of Fort Lauderdale</u> <u>INC.</u>			
2. Principal Office Address <u>400 Leslie Drive</u> Suite, Apt. #, etc. <u>Apt 508.</u> City & State <u>Hellendale Bch FL</u> Zip <u>33009.</u> Country		3. Mailing Office Address <u>400 Leslie Drive</u> Suite, Apt. #, etc. <u>Apt 508</u> City & State <u>Hellendale Bch FL</u> Zip <u>33009.</u> Country	
4. Date Incorporated or Qualified To Do Business in Florida <u>08-14-2002</u>		5. FEI Number <u>54-2068157</u> Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status			
7. Name and Address of Current Registered Agent Name <u>Ahmed Moubarak</u> Street Address (P.O. Box Number is Not Acceptable) <u>400 Leslie Drive</u> Suite, Apt. #, Etc. <u>508</u> City <u>Hellendale Bch</u> State <u>FL</u> Zip Code <u>33005</u>			
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 <u>[Signature]</u> Date <u>12/16/03</u> 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
<u>P</u>	<u>Ahmed Moubarak</u>	<u>400 Leslie Dr #508</u>	<u>Hellendale Bch FL, 3300</u>
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: <u>[Signature]</u> <u>AHMED MOUBARAK</u>		Date <u>12/16/03</u>	Daytime Phone # <u>(954) 608-6666</u>

FILED

03 DEC 26 PM 12:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

53

CR2E001 (10/02)