

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

03 OCT 22 AM 10:43

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P02000116090**

1. Corporation Name

BAIGS, INC.

Principal Place of Business

Mailing Address

~~6631 COOLIDGE STREET
 HOLLYWOOD FL 33024~~

6631 COOLIDGE STREET
 HOLLYWOOD FL 33024



REINSTATEMENT 03

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

10/28/2002

Suite, Apt. #, etc.

1884 University Dr.

Suite, Apt. #, etc.

City & State

Pembroke Pine FL

City & State

Zip

33024

Country

USA

Zip

Country

5. FEI Number

35-2186789

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director | 4 City / State / Zip |
|------------|-------------------------------------|--|----------------------|
| PSTD | BAIG, SAFIULLAH | 6631 COOLIDGE STREET | HOLLYWOOD FL 33024 |
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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BAIG, SAFIULLAH
 6631 COOLIDGE STREET
 HOLLYWOOD FL 33024

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

[Signature]
SIGNATURE REQUIRED
 REGISTERED AGENT MUST SIGN

Date 10-14-03

11. 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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-14-03
 Date

954-436-0023
 Daytime Phone #

CR2E040 (7/03)

BAIG'S INC.
188 N University Drive
Pembroke Pines Fl, 33024
(954) 436-0023

To Whom It May Concern:

I am writing this letter to notify you that I did not receive any notices about filing 2003 annual report, or about the business being dissolved or revoked.

~~This is a new business, and I assure you from here on now I will make sure that annual report will be filed, without even one notice. It was not in my knowledge that you need to do such a thing, I know about filing taxes, and I make sure it is done in timely manner.~~

Thank you,

Safi Baig


President