


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1042

CORPORATION REINSTATEMENT			FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P02000116937			
1. Corporation Name Suleiman Investments, Inc.			
2. Principal Office Address 2068 SW 176 Terr Suite, Apt. #, etc.		3. Mailing Office Address 2068 SW 176 Terr Suite, Apt. #, etc.	
City & State Miramar, FL Zip 33029 Country USA		City & State Miramar, FL Zip 33029 Country USA	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAR -8 AM 9:10

000068108730
03/20/06--01023--012 **300.00

REINSTATEMENT 05-06
CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida	
5. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> 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 John P Maas, Esq.	
Street Address (P.O. Box Number is Not Acceptable) 44 NE 16 St	
Suite, Apt. #, Etc.	
City Homestead	State FL Zip Code 33030

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 _____
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
D	Mohammed Suleiman	2068 SW 176 Terr	Miramar, FL 33029
D	Najah Suleiman	2068 SW 176 Terr	Miramar, FL 33029

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 contained in Chapter 119, 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

3/3/06

Date

954-7474983

Daytime Phone #

20/2

PASTRAN, P.A., CPA'S

A PROFESSIONAL ASSOCIATION OF CERTIFIED PUBLIC ACCOUNTANTS

March 6, 2006

Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

Attention: Reinstatements

Re: Suleiman Investments, Inc.
Document No. P02000116937

To Whom It May Concern:

Please find attached a completed reinstatement form for the above corporation, along with their check in the amount of \$300.00 for the annual fees for 2005 and 2006.

Mr. Suleiman never received his renewal notice for 2005 and just realized the corporation was administratively dissolved 9/16/05.

Due to these circumstances, we would appreciate your waiving the reinstatement fee for this corporation. If you have any questions, please call me. Thank you for your assistance.

Sincerely,



Raul E. Pastran, CPA
Pastran, PA, CPA's

Encls:
REP:mf