


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P03000017948			
1. Corporation Name NOURI & KAHWAJI, INC.			
2. Principal Office Address 5562 W. Sample Road Suite, Apt. #, etc.		3. Mailing Office Address 5562 W. Sample Road Suite, Apt. #, etc.	
City & State Margate, Florida		City & State Margate, Florida	
Zip 33073	Country US	Zip 33073	Country US

FILED

05 OCT -7 PM 3:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 04-05

CR2E081 (8/05)

4. Date Incorporated or Qualified To Do Business in Florida 2/10/2003	
5. FEI Number 48-1302371	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name HAMMAM AL KAHWAJI	
Street Address (P.O. Box Number is Not Acceptable) 5562 West Sample Road	
Suite, Apt. #, Etc.	
City Margate,	State FL
Zip Code 33073	

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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**

REGISTERED AGENT MUST SIGN

Date October 5, 2005

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
P/T S/D	HAMMAM AL KAHWAJI	5562 West Sample Road	Margate, FL 33073

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
HAMMAM AL KAHWAJI, President

10/5/05
Date

786-514-4139
Daytime Phone #