PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

REIN	RPORATI STATEM	ENT		יום	Secretary VISION OF C	y of Stat			10 APR 21 F SECRETARY (TALLAHASSE	PH 2: 17		
		# 1	0300	00310	76ス				TALLAHASSE			
1. Corporation Name PHONE CARD CENTER INC.												
PHO)	- // /	CLI	ψ, Ε /(
								REII	VSTATE	EMENTO		
	al Office Addre			_	3. Mailing Office Address - 13550 5.W. 88 57				CR2E081 (11/09)			
Suite, Apt. #. etc.				Suite, Apt #, etc.				CRZEOOT (TINO9)				
109				236-B City & State				4. Date Incorporated or Qualified To Do Business in Florida 931(3/2003				
City & State				City & State	City & State			5. FEI Number Applied For				
MIAMI, FL Zip Country				m/	MIAMI, FL			51-0451781 Not Applicable				
331	31		_	1 .	86	1 -	m I - DAD	6. CERTIFICATE	OF STATUS DESIRED	\$8.75 Additional Fee required for a Certificate of Status		
		7. Nam	e and Address	of Current Reg	istered Ager	nt	<u> </u>			,		
FRASAT FAROOD								The reinstatement fee is imposed, except in circumstances which the entity did not receive				
Street Address (P.O. Box Number is Not Acceptable) 135505.W. 88 17								the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement				
Suite, Apt. #, Etc.												
236-B City State FL						Zip Code 33/43	fee be waived.					
	·		ed agent of the ab	ove named cor	noration am t			oligations of section	on 607.0505 or 617.0503	. F.S.		
Signature o				lat	Por					6-2010		
Registered Agent									Date/	W 3 Z 3 Z 3		
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)												
Titles	Titles Name of Officers and/or Directors			s	Street Address of Each Officer and/or Director							
$ ho/_{\mathcal{D}}$	D SHOUKAT AL			41	_1 10824 N.E. 14			407	BOTHEL,	WA 98011		
												
								04/21/1001003001 ++750.00				
									0	24/21		
^{10.} E-ma	il Addres	s:										
(To be used for future annual report notification) 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 filling 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. I further certify, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #												