

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
APPROVED
AND
FILED

112

06 JAN -9 PM 3:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # PD3000040513
1. Corporation Name
MEADED INVESTMENTS INC.

2. Principal Office Address <u>130 NW 189th AVE</u>		3. Mailing Office Address <u>130 NW 189th AVE</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>Pembroke Pines</u>		City & State <u>Pembroke Pines</u>	
Zip <u>33029</u>	Country <u>Broward</u>	Zip <u>33029</u>	Country <u>Broward</u>

REINSTATEMENT 04/06

4. Date Incorporated or Qualified To Do Business in Florida 04/07/2003
5. FEI Number 134248166
Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name <u>NASEER AHMAD</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>130 NW 189th AVE</u>	<u>409064597764</u>
Suite, Apt. #, Etc.	<u>01/25/06--01068--003 **450.00</u>
City <u>Pembroke Pines</u>	State <u>FL</u> Zip Code <u>33029</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 Naseer Ahmad Date 1/5/06
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>Naseer Ahmad</u>	<u>130 NW 189th AVE</u>	<u>Pembroke Pines, FL 33029</u>
<u>V.P</u>	<u>SAMIA AHMAD</u>	<u>130 NW 189th AVE</u>	<u>Pembroke Pines, FL 33029</u>
<u>S</u>	<u>HANAN MUSTEH</u>	<u>394 Vernon AVE</u>	<u>STATEN ISLAND, N.Y 10309</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 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: Naseer Ahmad Date 1/5/06 (954) 937-4062
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

MEADED INVESTMENTS INC.

130 N.W 189TH Ave
Pembroke Pines, FL 33029

2/2

January 7, 2006

Department of State
Division of Corporations
P.O BOX 6327
Tallahassee, FL 32314

Dear Sir or Madam:

This letter is to serve as a notice to inform that Meaded Investments INC did not receive the annual report notices for 2004, and we are requesting that the reinstatement fee be waived please.

Sincerely,

Naseer Ahmad

President

