

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVE
FILED

10/2

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2004

DOCUMENT # P03000068512

1. Corporation Name

FADHEL, INC.

2. Principal Office Address
5672 Washington St

Suite, Apt. #, etc.

3. Mailing Office Address
5672 Washington St.

Suite, Apt. #, etc.

City & State
Hollywood

City & State
Hollywood

Zip
33023

Zip
33023

Country

REINSTATEMENT

06/06/2006

04-06
06/20/2003

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
13-4255317

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
ALOMARI ABDULWAHED A

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

5672 WASHINGTON STREET

500079509055
09/06/06 01019 012 **450-0

Suite, Apt. #, Etc.

City
HOLLYWOOD

State
FL Zip Code
33023

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

Abdul A. Alomari
REGISTERED AGENT MUST SIGN

Date 05/09/2006

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	ALOMARI, ABDULWAHED A	5672 Washington St.	Hollywood, FL 33023

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:

Abdul A. Alomari

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/09/06

305-7764484

Date

Daytime Phone #

20f2

KATTOURA & ASSOCIATES, INC.
ACCOUNTING, BOOKKEEPING & TAX SERVICES

**1499 West Palmetto Pk Rd
Suite 416
Boca Raton, Fl. 33486
TEL: (561) 362-0491**

National Society of Tax Professional

May 09, 2006

Department of State
Division of Corporation
P.O. Box 6327
Tallahassee, FL 32314

REF: FADHEL, INC. / Document # P03000068512

Dears Sirs,

Because our client never received the notice to file annual report fee, please accept this filing according our conversation today by phone to submitted the **annual reports for the years 2004 , 2005 and 2006 as a reinstatement.**

Thank you for your cooperation in this matter.

If you have any further question, please do not hesitate to contact us.

Sincerely

Andre K-Kattoura

Enclosure (s)
Check # 450,00
FORMS ANNUAL REPORT 04/05 AND 05