PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT FLORIDA DEPARTMENT OF STATE Secretary of State Division of Corporations	FILED
DOCUMENT # PU3000068857	2006 NOV 14 PM 2: 58
1. Corporation Name	
Mr. Sulaman Enterprises, Inc.	SECRETALL OF STATE TALLAHASSEE, FLORIDA
2. Principal Office Address 6321 Sw 4H 11. Suite, Apt. #, etc. Suite, Apt. #, etc.	CR2E081 (12/05)
Suite, Apr. #, etc.	4. Date Incorporated or Qualified //20/2022
City & State	To Do Business in Florida 6/20/2003
Margale, PC	75-3/204/2 Applied For Not Applicable
Zip 33068 Country Sip Zip Country	CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent	
Name Malagrand Culcus	
Street Address (P.O. Box Number is Not Acceptable)	
500081911366 Suite, Apt. #, Etc.	
11/17/0501053010 **30 .00	
city Margate	State Zip Code 3 3 06 8
8. 1, being appointed the registered agent of the above named conformation, ambamiliar 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 Stree Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)	
Titles Name of Street Address of Each Officers and/or Directors Officer and/or Director City / State / Zip	
P Mohamed Sulaman 6321 Sw 4	4 Pl Margate 17, 22018
VP Bebi Sulaman 6321 SW 44	LPI Marcato P 33068
Mangale, 10 2,9000	
77 11/10/20	
	15 1413 100
REINSTA	ATEMENT DS-66
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 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 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 it made under oath.	
SIGNATURE: MANUFE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daving Phone #	
per conversation with Mr. Franson add tiles of President to	

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November 3, 2006

Florida Department of State Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Dear Mr. Tyrone Scott:

Please accept this Corporation Reinstatement and check for \$300 for Mr. Sulaman Enterprises, Inc. The owner, Mr. Sulaman did not receive the original UBR form.

Paul Franson