


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 06 JUN -6 AM 11:09 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # P03 006 123281					
1. Corporation Name Ijazco, Inc.					
2. Principal Office Address 6864 NW 26th St.		3. Mailing Office Address 6864 NW 26th St.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Margate, FL		City & State Margate, FL			
Zip 33063	Country USA	Zip 33063	Country USA	4. Date Incorporated or Qualified To Do Business in Florida 10-31-2003	
5. FEI Number 20-0353981				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name Ansari Rustam					
Street Address (P.O. Box Number is Not Acceptable) 6864 NW 26th St.					
Suite, Apt. #, Etc.					
City Margate.				State FL	Zip Code 33063
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 [Signature] Date 05/06/06					
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	
PTSD	Ansari Rustam	6864 NW 26th St.		Margate, FL 33063	
		B 6/12/06			
		STATEMENT 04-06			
				900076397109	
				06/20/06--01064--004 **450.00	
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: [Signature] Date 05/06/06					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

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LEDGER PLUS



150 So. University Dr. #c
Plantation, FL
33324

~~Pembroke Pines Professional Centre~~
~~9050 Pines Blvd. #450~~
~~Pembroke Pines, FL 33024~~
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June 6, 2006

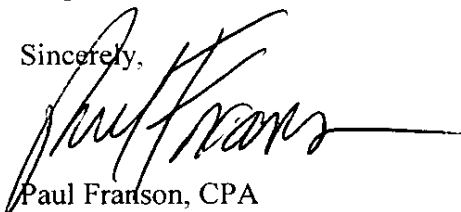
Florida Department of State
Tyronne Scott
Bureau Chief
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Dear Mr. Scott:

Please accept this check for \$450 for the Ijazco, Inc. For whatever reason the UBR was not received and therefore not filed. I will make sure that the UBR is filed on a timely basis in the future.

If I can provide any further information, please contact me at the address and or telephone numbers above.

Sincerely,



Paul Franson, CPA