

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ATX1

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000031938

1. Corporation Name

FAST LINK INC

2. Principal Office Address

9401 W-COLONIAL DR

Suite, Apt. #, etc.

342

City & State

OCOE, FL

Zip

34761

Country

ORANGE

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/14/2003

5. FEI Number

☒ 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

AMIR QASEM

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

9401 W COLOONIAL DR

Suite, Apt. #, Etc.

City

OCOE

State

FL

Zip Code

34761

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

11/3/2004

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 / Street / Zip
CEO	AMIR QASEM	9401 W COLONIAL DR	OCOE, FL. 34761

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 under section 119.07(3)(i), 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/3/2004

Date

Daytime Phone #

REINSTATEMENT

FILED
04 NOV 16 PM 2:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TO WHOM IT MAY CONCERN:

I AMIR QASEM THE OWNER OF "FAST LINK INC." DID NOT RECEIVE THE UNIFORM BUSINESS REPORT FOR MY BUSINESS. THIS IS THE REASON FOR ME NOT PAYING MY BILL TO THIS ORGANIZATION ON TIME. BUT TO DAY I'M WILLING AND READY TO HANDLE MY OUT STANDING BALANCE WITH YOUR COMPANY, SO THAT I CAN REINSTATE MY CORPORATION AND THEN RESTORE MY GOOD FAITH WITH THE DIVISION OF CORPORATIONS.

IF THERE ARE ANY QUESTIONS OR CONCERNS PLEASE FEEL FREE TO CALL.

THANK YOU

AMIR QASEM