


# 2006 FOR PROFIT CORPORATION REINSTATEMENT

|                                |  |   |
|--------------------------------|--|---|
| DOCUMENT # P03000135056        |  |  |
| 1. Entity Name<br>ZEINAB, INC. |  |   |

FILED

07 JAN 18 AM 8:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



|  |  |
|--|--|
| Principal Place of Business<br>5765 FIVE FLAG BLVD<br>1056<br>ORLANDO, FL 32822 US | Mailing Address<br>5765 FIVE FLAG BLVD<br>1056<br>ORLANDO, FL 32822 US |
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|  |  |
|--|--|
| 2. Principal Place of Business<br>1030 STATE ROAD 436<br>Suite, Apt. #, etc. | 3. Mailing Address<br>7838 ALTAVAN AVE.<br>Suite, Apt. #, etc. |
|--|--|

12212006 REIN-P CR2E098 (11/05)

|                                 |                             |  |                               |
|---------------------------------|-----------------------------|--|-------------------------------|
| City & State<br>CASSELBERRY, FL | City & State<br>ORLANDO, FL | 4. FEI Number<br>20-0450048 90-0210839 | Applied For<br>Not Applicable |
| Zip<br>32707                    | Country<br>SEMINOLE         | Zip<br>32822                           | Country<br>ORANGE             |

|   |                                |
|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|--------------------------------|

|   |  |
|---|--|
| 6. Name and Address of Current Registered Agent<br>ABDUL HADI, ZEINAB<br>1030 STATE ROAD 436<br>CASSELBERRY, FL 32707 |  |
|---|--|

|  |          |
|--|----------|
| 7. Name and Address of New Registered Agent        |          |
| Name   |          |
| Street Address (P.O. Box Number is Not Acceptable) |          |
| City   | Zip Code |
| FL   |          |

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Zeinab Abdul DATE 1/11/07  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After January 1, 2007, Fee will be \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

| 10. OFFICERS AND DIRECTORS                     |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|--|---|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>ABDUL-HADI, ZEINAB<br>5765 FIVE FLAG BLVD APT#1056<br>ORLANDO, FL 32822 <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>300086469913<br>01/30/07--01004--011 **300.00 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>ABDUL-HADI, ZEINAB<br>5765 FIVE FLAG BLVD APT#1056<br>ORLANDO, FL 32822 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Zeinab Abdul ZEINAB ABDUL HADI, PRES. DATE 1/11/07 DAYTIME PHONE # 4073310071  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR