PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 APR 18 PM 4:05

DOCUMENT # P04000007022

1. Corporation Name

LAKHANI PROPERTIES INC.

B4/18/08
REINSTATEMENT 06-08

000120937040
03/21/08--01025--005 **450.00

CR2E081 (12/07)
03/03/08 90207 004 $150.00

2. Principal Office Address - No P.O. Box #	**3.** Mailing Office Address
1251 NE 45 ST	1251 NE 45 ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: OAKLAND PARK FL.	City & State: OAKLAND PARK FL
Zip: 33334 Country: USA	Zip: 33334 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 80-0092814. ☐ 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: LAKHANI NOOR ALI

Street Address (P.O. Box Number is Not Acceptable): 1251 NE 45 ST

Suite, Apt. #, Etc.

City: OAKLAND PARK FL. State: FL Zip Code: 33334

☑ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 _____ Date _____
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
VP	LAKHANI ALMAS	3264 SW 175 AVE	MIRAMAR FL 33029
DST	LAKHANI NOORALI	3264 SW 175 AVE	MIRAMAR FL 33029

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: Noorali Lakhani 4/14/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #