2006 FOR PROFIT CORPORATION REINSTATEMENT

03-15-2006 90118 030 ***300.00
P04000102436

FILED
06 MAR 23 AM 8:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000102436

1. Entity Name
GAFOOR, INC

Principal Place of Business	Mailing Address
13101 HEATHER MOSS DRIVE APT # 917 ORLANDO, FL 32837 US	13101 HEATHER MOSS DRIVE APT # 917 ORLANDO, FL 32837 US

02102006. REIN-P CR2E098 (11/05) 05-06

2. Principal Place of Business	3. Mailing Address
2418 SWEETBRIAR CT	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: KISSIMMEE FL	City & State
Zip: 34744 Country: US	Zip Country

4. FEI Number — ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

EDWARDS, MARLON
13101 HEATHER MOSS DRIVE
APT # 917
ORLANDO, FL 32837

7. Name and Address of New Registered Agent

Name: JAMEEL MOHAMED
Street Address (P.O. Box Number is Not Acceptable): 2418 SWEETBRIAR CT
City: KISSIMMEE FL Zip Code: 34744

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: Jameel Mohamed 2/10/06
Signature, typed or printed name of individual and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P EDWARDS, MARLON 13101 HEATHER MOSS DRIVE ORLANDO, FL 32837	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~VP~~ MOHAMED, JAMEEL 2418 SWEETBRIAR COURT KISSIMMEE, FL 34744	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	3/23	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: Jameel Mohamed 2/10/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #