

2006 FOR PROFIT CORPORATION
REINSTATEMENT

DOCUMENT # P04000122498

1. Entity Name
KERMAWALA INC.



Principal Place of Business
5400 STATE RD 7
DANIA, FL 33314 US

Mailing Address
5400 STATE RD 7
DANIA, FL 33314 US

2. Principal Place of Business
5400 55TRd 7
Suite, Apt. #, etc.

3. Mailing Address
5400 55TRd 7
Suite, Apt. #, etc.

City & State
Hollywood, FL
33314

City & State
Hollywood, FL
33314

Country US

Country US

03072006 REIN-P CR2E098 (11/05)

FILED
06 MAR -9 PM 2:51
RECEIVED, FLORIDA
TALLAHASSEE, FLORIDA



4. FEI Number 201547130	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

A.R.S. & ASSOCIATES, INC.
20810 WEST DIXIE HIGHWAY
NORTH MIAMI BEACH, FL 33180

7. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$900.00

7000074538257
05/15/06--01004--020 **150.00

10. OFFICERS AND DIRECTORS

TITLE P
NAME JAVED, NASIR
STREET ADDRESS 4181 SW 53RD ST # 2
CITY-ST-ZIP DANIA, FL 33314

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
04/06-05 90110 023 \$150				

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
REINSTATEMENT 05-06				

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE	NAME	STREET ADDRESS	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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-7-06 954-587-4726
Date Daytime Phone #

2/2

March 7, 2006

Florida Department State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

I have never received any rejection letter from your office in April of 2005, or any other notices. Please waive the fees.

Thank you,



Nasir Javed

Nasir Javed

5400 S ST RD 7, Hollywood, FL 33314

Hotmild30@aol.com, Tel: 954-587-0545, Cell: 954-303-6642