2006 FOR PROFIT CORPORATION REINSTATEMENT

	REINS	TATEMENT			
DOCUMENT # P04000133109					FILED
1. Entity Nam MIDDLE	EAST FASHION, INC.				06 MAR -6 PH 1: 42
Principal Plac	e of Business	Mailing Address		<u> </u>	SEGN
3610 N STA	TE ROAD 7	1323 S W 4TH STREET	1323 S W 4TH STREET		TACCAMAGGEL, TEOMIDA
LAUDERDALE LAKES, FL 33319 BOC		BOCA RATON, FL 3348	BOCA RATON, FL 33486		
2. Principal P	Place of Business	3. Mailing Address	3. Mailing Address		
		•			Paraman and a second a second and a second a
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		LEINSTATEMENT (11/05(1)5-(
City & State		City & State			4. FEI Number 90 - 165638/ Not Applicable
Zip	Country	Zip	Zip Coun		5 Certificate of Status Desired \$8.75 Additional
	6. Name and Address of Curr	rent Registered Agent	stered Agent		7. Name and Address of New Registered Agent
KHALIL, KHALID				Name	<u> </u>
1323 SW 4TH STREET BOCA RATON, FL 33486				Street Address (P.O. Box Number is Not Acceptable)
BUCA KA	ION, FL 33400				
				City	FL Zip Code
	named entity submits this stateme tions of registered agent.	ent for the purpose of changing its	register	ed office or register	red agent, or both, in the State of Florida. I am familiar with, and accept
141 + CH 02-23 0x					
SIGNATURE.	Signature, typed or printed name of registered	agent and title if applicable. (NOT)	E: Registen	ed Agent algnature requir	red when reinstating) DATE
FS	LE NOW!!! FEE IS \$300.00	0			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10.		AND DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME	P KHALIL, KHALID	☐ Delete	TITLE		☐ Change ☐ Addition
STREET ADDRESS	1323 S W 4TH STREET		STRE	ET ADORESS	800068109178 03/20/0601023025 **150.00
CITY-ST-ZIP	BOCA RATON, FL 33486	☐ Delete	TITLE	- ST-ZIP	03/20/0601023025 **∏50.00 □ Change □ Addition
NAME	`	☐ Delete	NAM	E	_ , _
STREET ADDRESS CFTY-ST-ZIP				ET ADORESS -ST-ZIP	200068109178 03/20/0601023026 **150.00
TITLE		☐ Delete	TITLE	:	☐ Change ☐ Addition
NAME STREET: ADDRESS •			NAM STRE	ET,ADDRESS	
CITY-ST-ZIP			CITY	- ST - ZiP	
TITLE NAME		☐ Delete	TITLE		☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS - ST - ZIP	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS			NAM	E Et address	
CITY-ST-ZIP			- 1	-ST-ZIP	
TITLE NAME		☐ Deleta	TITLE		☐ Change ☐ Addition
STREET ADDRESS				et address	
CITY-ST-ZIP	portify that the information assets of	Luith this filing doon ont qualify for		-ST-ZIP	in Chanter 119 Florida Statuton I further codific that the information
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:					
J. J. (1771	SIGNATURE AND TYPES	OR PRINTED NAME OF SIGNING OFFICER	OR DIREC	TOR	Date Daytime Phone #