

FILED

14 MAY 15 AM 9:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida 9-28-2004

5. FEI Number 84-1658082	Applied For
	Not Applicable

6. CERTIFICATE OF STATUS DESIRED	\$8.75 Additional Fee required for a Certificate of Status
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7. Name and Address of Current Registered Agent

Name FAROKH JAFARI

Street Address (P.O. Box Number is Not Acceptable)  
349, Pointe Creek Ct

Suite, Apt. #, Etc.  
# 102

City Bonita Springs

State	Zip Code
FL	34184

200260277202  
05/15/14--01031--009 \*\*986.25

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 F. J. [Signature]

Date 5-09-2014

**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
PD	Farokh Jafari	3491 Pointe Creek Ct #102	Bonita Springs, FL 34134

REINSTATEMENT 2013-2014

MAY 19 2014

**L. SELLERS**

10. E-mail Address: fjafaric@embarqmail.com (To be used for future annual reports)

(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 807 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 807.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

**SIGNATURE:**

*F. A. A.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05-09-14 (2391293-1237