


2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2005 OCT 24 AM 11:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000138102		
1. Entity Name MUSHER ENTERPRISES, INC		

Principal Place of Business 1001 PALM BEACH LAKES BLVD. WEST PALM BEACH, FL 33401	Mailing Address 1001 PALM BEACH LAKES BLVD. WEST PALM BEACH, FL 33401
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2. Principal Place of Business 1001 PALM BEACH LAKES BLVD Suite, Apt. #, etc.	3. Mailing Address 1001 PALM BEACH LAKES BLVD Suite, Apt. #, etc.
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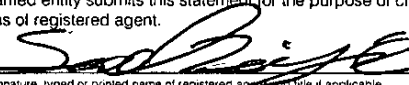
City & State West Palm Beach FL	City & State West Palm Beach FL
Zip 33401	Zip 33401
Country	Country



4. FEI Number 06-1733481	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 HAZIEN, MOHAMMAD A 1001 PALM BEACH LAKES BLVD. WEST PALM BEACH, FL 33401	7. Name and Address of New Registered Agent Name: HAZIEN, MOHAMMAD A Street Address (P.O. Box Number is Not Acceptable) 1001 PALM BEACH LAKES BLVD City: West Palm Beach, FL Zip Code: 33401
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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.

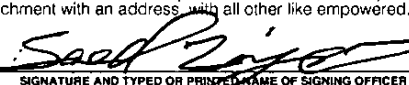
SIGNATURE:  DATE: 09-23-05

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HAZIEN, MOHAMMAD A 1001 PALM BEACH LAKES BLVD. WEST PALM BEACH, FL 33401 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200060309752 10/06/05--01063--016 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD IBEIDALLAH, ABDELRAHMAN M 1001 PALM BEACH LAKES BLVD. WEST PALM BEACH, FL 33401 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZIYAD, WAIL 1001 PALM BEACH LAKES BLVD. WEST PALM BEACH, FL 33401 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZIYAD, SAED 1001 PALM BEACH LAKES BLVD. WEST PALM BEACH, FL 33401 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MONIR, AHMAD 1001 PALM BEACH LAKES BLVD. WEST PALM BEACH, FL 33401 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 exemption stated in Section 119.07(3)(i), 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:  DATE: 09-23-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/26/05