


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
FILED

1082

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

06 MAY -5 AM 11:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P04000169344**

1. Corporation Name  
**KABANI, Inc**

600075039436  
05/22/06--01074--010 \*\*300.00

**REINSTATEMENT** 05-06 RSC  
CR2E081 (12/05)

2. Principal Office Address <b>6187 W 26 Ct Hialeah, Fl. 33016</b>		3. Mailing Office Address <b>6187 W 26 Ct Hialeah, Fl. 33016</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Hialeah, Fl.</b>		City & State <b>Hialeah, Fl.</b>	
Zip <b>33016</b>	Country <b>Dade</b>	Zip <b>33016</b>	Country <b>Dade</b>

4. Date Incorporated or Qualified To Do Business in Florida **12/17/04**

5. FEI Number **20-2025335**

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

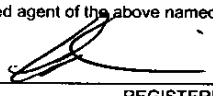
Name **Janbibi Kabani**

Street Address (P.O. Box Number is Not Acceptable)  
**6187 W 26 Ct**

Suite, Apt. #, Etc.

City **Hialeah** State **FL** Zip Code **33016**

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.

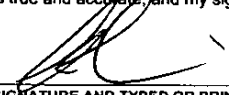
Signature of Registered Agent  Date **5/1/06**

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
Pres	Janbibi Kabani	6187 W 26 Ct	Hialeah, Fl. 33016
VP	Aziz KABANI	6187 W 26 Ct	Hialeah, Fl. 33016

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 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 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:  **5/1/06** **305-318-9951**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Untitled

2072

To: The State Of Florida  
From: Kabani, Inc  
Date: 5/1/2006  
RE: Reinstatement of Corporation

This memo is to request the reinstatement fee to be waived. We did not receive any notification of renewal. Being that we are a new business we did not know that we have to renew our corporation. We assure you that we will not let this happen again. Thank you so much for your kind consideration to this matter. Enclosed we have issued a check for the 2 years we owe for the annual reports.

Thanks in advance,  
Aziz Kabani  
KABANI, Inc.

