## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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REINSTATEMENT				DEPARTMENT OF STATE Secretary of State SION OF CORPORATIONS			:	SECRETARY OF STATE OF			
DOCUMENT # P07000002166  1. Corporation Name  Fairdeal Enterprises Inc											
-	Sandlake	ess - No P.O. Box #	7380 San	Office Address andlake Road			- CR2E081 (12/08)				
500			500				Date Incorporated or Qualified     To Do Business in Florida     January 4, 2007				
City & State Orlando, FL			City & State Orlando, I	Orlando, FL			5. FEI Numbe 14-19870			Applied For	
zip 32819			Zip 32819			у	6. CERTIFICATE	······································			
		7. Name and Add	ress of Current Regis	tered Agent		<del></del>					
Name - Mumtaz Tharoo  Street Address (P.O. Box Number is Not Acceptable) 7380 Sandlake Road  Suite, Apt. #, Etc. 500  City Orlando  State FL  Zip Code 32819							☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.				
8. I, being Signature o Registered	of	e registered agent of t	ne above named corporate and the second corpor	eration, am far		vith and accept the o	obligations of secti	On 607.0505 or 617.050	J3, F.S.	**JUB.13	
9. Names	s and Street A	Addresses of Each Offi	cer and/or Director (Flo	rida nonprofit	t corpo	rations must list at l	east 3 directors)				
Titles	Name of Officers and/or Directors			Street Address of Each Officer and/or Director				City / State / Zip			
Mrs	Mumtaz	8108 St Andrews Circle				Orlando, FL 32835					
Mr	Asif Ban	2308 Kadlec Court				West Vancouver, BC, V7S 3K3					
Mr	Arif Ban	5338 San Remo Court				Mississauga, ON L5M 7C9					
Mr	Akbarali Bandeali (D)			2308 Kadlec Court			West Vancouver, BC V7S 3K3				

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 filling 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mumtaz Tharoo

October 1, 2005 407-351-5740

Daytime Phone #