PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JUN 24 PM 12:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000001605

1. Corporation Name

ASKAR ENTERPRISES, INC.

2. Principal Office Address	**3.** Mailing Office Address
641 N.E. 6TH AVE.	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.

REINSTATEMENT 03-04

City & State BOYNTON BEACH, FL.	City & State

4. Date Incorporated or Qualified To Do Business in Florida 01-04-1993

Zip 33435	Country USA	Zip	Country

5. FEI Number 65-0374986   Applied For / Not Applicable

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

7. Name and Address of Current Registered Agent

Name ASKAR, KHAIR

Street Address (P.O. Box Number is Not Acceptable)
641 N.E. 6TH AVE.

Suite, Apt. #, Etc.

City BOYNTON BEACH   State FL   Zip Code 33435

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 6-15-04

REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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	ASKAR, KHAIR	641 N.E. 6TH AVE.	BOYNTON BEACH, FL 33435
		000038212530 06/24/04--01011--008 **900.00	

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 under section 119.07(3)(i), 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: _____   6-15-04

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