CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

DOCL	JMI	FNT	- #	P93000031040
	<i>,</i> , , , , ,		- 77	P7.300000.31040

1. Corporation Name

SCIDC TAMPA PROPERTIES, INC.

2 Principal Office Address & ACREE, P.A. 2 Mailing Office Address

c/o	UNGER.	WEBSTER.	SWARIWOOD
\sim	Orverney.	************	DIETTICOL

- I micipal Office Address		Of Maining Office Address		
701 PEACHTREE ROAD		200 BOULDER RIDGE ROAD		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
ORLANDO, FLORIDA		SCARSDALE, NEW YORK		
Zip	Country	Zip	Country	

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SECHT LATATE TALLAHASSEE, FLORIDA

PEACHT:	REE ROAD	200 BOULDER RIDGE ROAD			
Apt. #, etc.	-	Suite, Apt. #, etc.			
_				4. Date Incorporated or Qualified To Do Business in Florida 04/	 28/1993
State ANDO, F	LORIDA	City & State SCARSDALE	, NEW YORK	5. FEI Number 59–3229463	Applied For
Country 804 USA		Zip 10583	Country USA	6. CERTIFICATE OF STATUS DESIRED S8.75 Additional for a Certification	
		7. Name	and Address of Current Re	gistered Agent	40C4

7. Name a	and Address of Current Registered Agent	ı
Name	-03/08/000101203	F. '
UWSA SERVICES, INC.	****300,00 \$1912 \$3	
Street Address (P.O. Box Number is Not Acceptable)	97 A	Ĭ~``
701 PEACHTREE ROAD		ı
Suite, Apt. #, Etc.	FEISTALEWEN	

City

ORLANDO

State

Zip Code 32804

•		am familiar with and accept the obligations of section 607.0505 or 617.0503, F	
э.	ii. Deing appointed the reassered agent of the above named corporation	. am ramiliar with and accept the obligations of section 607,0505 or 617,0503. F	·

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date 23 Feb 2000

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/ TREAS	MR. P.J. BATAVIA	PO BOX 2083	SHARJAH, UAE	
VP/ SECY	MR. HUSSEIN A. FARAH	PO BOX 2083	SHARJAH, UAE	
ASST SECY	MR. HOMI GAZDAR	200 BOULDER RIDGE RD	SCARSDALE, NY 10583	
DIRECTO	OR MR. AHMED ABDULLA AL-NOMAN	N PO BOX 2083	SHARJAH, UAE	
DIRECT	OR MR. ODALD RASHID AL-SHAMSI	PO BOX 2083	SHARJAH, UAE	

10. Leartify 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 rames of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated shall have the same legal effect as if made under oath. on this application is true and accurate, and

SIGNATURE:

SIGNATURE AND THE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HOMI GAZDAR 22/26 2000

Daytime Phone #