PLEASE READ ALL INST	RUCTIONS	BEFORE (OMPLET	ING THIS FORM.	
APPLICATION FLORID	LORIDA DEPARTMENT OF STATE Katherine Harris			•	
FOR	Secretary of S	Secretary of State		antima at the second frepts.	
	IVISION OF CORPOR	NATIONS	DOCU	west # 189300065975	
DOCUMENT # P930000 (eS	475		\	9 DEC -3 PM 4: 46	
	_	_	İ		
RAHRIS, INC	996	\mathscr{K} $\overline{}$	ĀT	ECRETARY OF STATE LLAHASSEE, FLORIDA	
Principal Place of Business Mailing Addition Halling Addi	_	Ans F.)]		
1	011	mill			
ORCANDO, 17C 32835			1		
If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2 New Principal Office Address, If Applicable 3. New Mailing-Office Address, If Applicable			4. Date Incorp.	orated or Qualified PO 17 1902	
MUNTAZ MAMERALI BIJ KACEIGH ST Suite, Api #, etc.			5. FEI Number	011171179	
City & State	6/9 N 30 F	1	59-	3215996 Not Applicable	
210 200 Country 210 3283	Country	,	6. CERTIFICATE	E OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Stickus	
7. Names and Street Addresses of Each Officer and/or Director (Fix					
Title(s) Name of Officers and/or Directors	Offi	eet Address of Each ficer and/or Director se Post Office Box N	7	City / State / Zip	
MUMTAZ MAHERAY	6117 R	alfigh s	T × 615	ORLANDO FL	
				32835	
MEIDENT	 				
			70	0003072597 -5	
	, HT-1-15			-12/16/9901052003 ******8.75 *****8.75	
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	TS:		70	00030725975	
				-12/16/9301052004 ****150.00 ****150.00	
8. Name and Address of Current Registered Ag	ent	T	9. Name and /	Address of New Registered Agent	
		Name	i	(12/96)	
MUMTAZ MAHERALI		Street Address (P.O. Box Number is Not Acceptable)			
6117 RACEIGH ST #619		Suite, Apt. #, Etc.			
ORLANDO, PL 32835 City State Zip Code					
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent Date Date					
Signature of Registered Agent MOU PT95 REGISTERED AGENT MUST SIGN					
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes No (See other side for information on intangible tax.)					
12. 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 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: UMQ (407)839-1220					
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Destrict Phone #					

From : ACC&TAX

PHONE No. : 407 332 7111

Nov.17 1999 4:20PM P01

RAHRIB, INC. 6117 RALEIGH BT APT #619 ORLANDO, F1. 32835

November 17,1999

Secretary of State Division of Corporation P.O.Box 6327 Tallahassee Fl 32314

Ref:-

Document # P93 000065975

Sub: -

Waiver of penalty & Activate the Corporation

Dear Sir/Madam,

With reference to above, I undersigned MUNTA2 MAHERALI, President of RAHRIS, INC. would like to request you to waive the penalty for non-payment of Annual Filing Fees for 1999 on the following grounds.

I never received the Annual Filing Form for 1999, may be lost in the mail and/or delivered back to you, due to the business address you have, which was not forwarded to us. Unfortunatley, I never realized that I did not pay the annual filing fee for 1999 as I did not received the Filing Form for 1999. I would like to request you to raive the penalty on the basis of lack of knowledge and misunderstandings.

As discussed with one of your representative, about the waiver of penalty I am enclosing herewith the check of \$150.00 being an annaul filing fee for 1999 as an exceptional case. I assure you that this is not going to happen in the future, if I will receive the Form on or before due date. Please waive the penalty on the basis of lack of knowledge, misunderstanding, and undue hardship on me and my family. Thanking you in advance for your cooperation. Sorry for the inconvenience that caused to you. Sincerely,

(MUMTAZ MAHERALI)