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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

FILED

98 MAY 15 AM 10:39

SECRETARY OF STATE

Read Instructions on Other Side Before Making Entries

Make Checks Payable To: Department of State

1. Name and Mailing Address of Corporation: DOCUMENT: P94000045630

FAR/HANA INC.

REINSTATEMENT

95-98
00

2. If Address in Back of this Form is not the correct address below:

Address: 10201 HAMMOCKS BLVD. No. 148
City and State: Miami, FL Zip Code: 33196

3. If Principle Office Address is different from mailing address, enter address below:

Address: 300002530603-3
City and State: 05/28/98 - 0199-823
Zip Code: ***1200.00 ***1200.00

4. Date Incorporated or Qualified To Do Business in Florida: 6/17/94

5. FEI Number: 65-0549259

FEI Number Applied For
FEI Number Not Applicable

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

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Rows include P,D, V,D, S,D, V,D, T,D for SHAMSHUDIN DHARANSI and family members.

REGISTERED AGENT INFORMATION

8. Name and Address of Current Registered Agent

9. If changed, new registered agent / office

Name: SHAMSHUDIN DHARANSI
Street Address: 15334 SW 141 TERR.
City: Miami, State: FL, Zip: 33196

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: [Signature] Date: 5/13/98
REGISTERED AGENT MUST SIGN

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box [] (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes [] No [] (See other side for information on intangible tax.)

13. 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., and that all fees owed by the corporation have been paid.

Signature of Officer or Director: [Signature] Date: 5/13/98 Daytime Phone #: (305) 382 1488

Typed or printed name of signing officer or director: SHAMSHUDIN DHARANSI

CR2E040 (8/92)