PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

1. Corporation Name

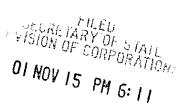
GHARSALLI, INC.

Principal Place of Business

Mailing Address

4004 E. HILLSBOROUGH AVE.

4004 E. HILLSBOROUGH AVE.



TAMPA FL	33610		TAMPA FL 33	610			STATEN				
If above	addresses are	e incorrect in any way, line th	nrough incorrect i	information :	and enter correction below.				C		-
New Principal Office Address, If Applicable 3. New Principal Office Address, If Applicable				ew Mailing Office Address, If Applicable		Date Incorporated or Qualified To Do Business in Florida 08/01/1994					
Suite, Apt. #, etc.			Suite, Apt. #	Suite, Apt. #, etc.			e een l				
City & State			City & State		50-3266760				Applied F		
					[Not Appli						
Zip Country		Country	Zip		Country	CERTIFICATE OF STATUS DESIRED for a Certificate of Status					
7. Names	and Street Ac	dresses of Each Officer an	d/or Director (Flo	orida nonpro	ofit corporations must list at le	ast 3 directors)					
Title(s)	Name of Officers and/or Directors			Street Address of Each Officer and/or Director			City / State / Zip				
VP	SALEM, GI		18430 KUKA LANE			SPRING HILL FL 34610					

				7000047036978 -12/04/0101032005							8
							-1270470101032005 ****750.00 ****750.00				
							129				
							Bi				
	8. Nan	ne and Address of Current	9. Name and	9. Name and Address of New Registered Agent							
OLIABO	*****	·4.a			Name						
	salli, salei Kuka lane		- · <u> · · · · · · · · · · · · · · · ·</u>	Street Address (P		P.O. Box Number is Not Acceptable)					
SPING-HILL-FL-34610-				Suite, Apt. #, Etc.							
			1		City			State	Zip (Code	
10. I. beind	n appointed th	ne registered agent of the at	ove named com/	oration am	familiar with and accept the o	hlications of Secti	ion 607 0505 F S		<u> </u>		
Signature o			Mari	م الم	Net of	, , , , , , , , , , , , , , , , , , ,	ion 551,5555, 7.55.				

11. 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

SIGNATURE AND TYPED OR PRINTED NAME OF SEANING OFFICER OR DIRECTOR

REGISTERED AGENT MUST SIGN

10/22/01

(8/3)620-4433