

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1002

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC 23 AM 10:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000057134
1. Corporation Name
Bireh, Inc.

800009641738
12/23/02--01069--004 **158.75

2. Principal Office Address
1133 S. University Dr
Suite, Apt. #, etc. Suite 202
City & State Plantation, FL
Zip 33324 Country Broward

3. Mailing Office Address
Same
Suite, Apt. #, etc.
City & State
Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 8/2/1994

5. FEI Number 65-0554245 Applied For Not Applicable

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

02 UBR

7. Name and Address of Current Registered Agent

Name Francis Abdullah
Street Address (P.O. Box Number is Not Acceptable) clo MGMT Corp
Suite, Apt. #, Etc. 1133 S. University Drive Suite 202
City Plantation State FL Zip Code 33304

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 Francis Abdullah Date 12/17/2002
REGISTERED AGENT MUST SIGN

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
PST	Nofal Ka hok	900 N. Ocean Drive	Hollywood, FL 33019

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: Nofal Ka hok Date 12/17/2002 Daytime Phone # (454) 472-3455
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (9/01)

2002

BIREH, INC.
1133 S. University Drive
Suite 202
Plantation, FL 33324
(954) 472 3455
(Fax) 472 3263

December 17, 2002

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Attention: Reinstatement Section

Ref: Reinstatement and Waiver of Fee

Dear Sir or Madam:

We did not receive a Annual Report from your office for the following Corporation for the Year 2002. I did go on the internet and found that the corporation was dissolved. I called the Division of Corporations and requested a Reinstatement Application. On this basis we are requesting that **Bireh, Inc.** receive a Waiver of Fees and we are enclosing a check for \$158.75.

Should there be any questions, please call our Corporate Office at the above telephone number,

Sincerely,



Cheryl Levine

CL

File: Birch, Inc.Reinstatement.Annual Report