			LIOTIONO DI		OMBI ETIN	 IG THIS FOR	M. DAGA A LAK
APP	PLEASE READ	DEPARTMENT andra B. Mortha	am i i i i i i i i i i i i i i i i i i i				
REINSTATEMENT. DIVISION OF CORPORATION				1996	16 58 SEP OO AM 9: 45		
Corporation		008211 =s_incori	יועיר/	uAL	o TAIL	Geraf Of Sizie Fiore, Flored	: A
BIOMILL	AH SALES & SERVICE	20, 1100111	<u> </u>	REPO	KI		
Principal Pla	ce of Business	Mailing Addres					
28 S.E. AVE MIAMI FL 33		28 S.E. AVE. MIAMI FL 33131 DE 20 CENTS			i ideliabi ile	19010 9100 9900 5300 DOUL 1	19161 MISO 11603 11804 11916 11814 1083
If above ac	ddresses are incorrect in any way, line th	rough incorrect into	ugh incorrect information and enter correction below. 3. New Mailing Office Address, If Applicable		Date Incorporated or Qualified		
	ncipal Office Address, If Applicable 28 S.E. 1st Ave	28 S.	28 S.E. 1st. Ave		To Do Busine	ess in Fiorida	11/08/1994 Applied For
Suite, Apt.		City & State			5. FEI NUMBER	65-0534688	Not Applicable
MIAMI, FLORIDA Zip 33131 Country		MIAMI, FLORIDA Zip 33131 Country			_l	CERTIFICATE OF STATUS DESIRED for a Certificate of Status	
7. Names	and Street Addresses of Each Officer an	nd/or Director (Flor	31166	DI MOGICOS V	*		City / State / Zip
Title(s)	Name of Officers and/or Directors		Officer and/or Dire 3 (Do NOT Use Post Office B		, and the second		
P SALEEM, MOHAMMAD			% 8934 NW 117TH				
T SALEEM, REHANA			8934 N.W. 117 TER.		_	HIALEAH FL 330	16
					400001964554		
						-10/03/9 ****200	9601103005
					- Alper		
					4.99-20-96		
	8. Name and Address of Curr	ent Registered Ag	jent	Name	9. Name and Aderess of New Registered Agent		
CORPORATE CREATIONS ENTERPRISES INC					AMMAD SALEEM ss (P.O. Box Number is Not Acceptable)		
	1 PGA BLVD SUITE 211 M BEACH GARDENS FL 33418		L	28 S.E. 1st Suite, Apt. #, Etc.			4
T'AL	m benefit database a social		City			State Zip Code	
10 1 60	ing appointed the registered agent of the	e above named cor	poration, am familiar v	MIAM with and accept th	1I , he obligations of Se	ction 607.0505, F.S.	TIE JOIG
Signature		L	AGENT MUST SIGN		<u>-</u> -	Date 9/17	1/16
11.	Does this corporation pa Dept. of Revenue under	ny any intar	ngible tax to the	he tutes. Y	es 🗌 No	X) (Se	e other side for information on intangible tax)
1/2. I ce this owe on t	rtify that I am an officer or director or the reinstatement application, the reason to d by the corporation have been paid an his application is true and accurate, and	e receiver or trustee or dissolution has be d the names of indi my signature shall	e empowered to execut sen eliminated, the con ividuals listed on this for have the same legal e	te this application porate name sati orm do not qualifect as if made to the same sational satisfication of the sat	ly for an exemption	chapter 607 or 617, F. ints of section 607.040 under section 119.07(3)(i), F.S. The Information Process
SIGN	IATURE: SIGNATURE AND TYPED	OR PRINTED NAME	OF SIGNING OFFICER O	A DIRECTOR		Date	payerno i none e