REIN:	PUCATION FOR STATEMENT JMENT # 195000	BEFORE C T OF STATE ham ate ations	OMPLETING THIS FORM AND AND FILED  1997 HAY 28 PH 2: 15  SECRETARY OF STATE TALLAHASSEE, FLORIDA				•		
Principal Pla YL35 GRI	AL SPRINGS CL	Mailing Addre				9			7
New Principal Office Address, # Applicable     Suite, Apt. #, etc     Suite, Apt.				фрисарів	4. Date Incorporated or Qualified To Do Business in Florida				
City & State		City & State				5. FEI Number 65-0593449 Applied For Not Applicable			
Zip Country Zip			Country	6. CERTIFICATE OF STATUS DESIRED Y S8 75 Additional Fee required for a Certificate of Status					
7. Names a	and Street Addresses of Each Officer and/or Director (Florida nonprofit cor			ions must list at lea	est 3 directors)				
Title(s)	Name of Officers and/or Directors 2				•	4	City / State / Zi	ρ	
P	LATLA P RATANI		4635 NW 57 LA		NE	CORML SPRINGS. FL 33067			
V	SHAMSUDDIN S RAYANI 4635			V 57 LA	MVE CORML SPRINGS. 92 33067.			ft 33067.	
				81	8000021968187 -05/30/9701123006 *****373.75 ****373.75				
		D			6 None and			, k	
SHAMSUDDIN S RAYANI 4635 NW 57 UNE CORAL SPRINGS. A 33067.				9. Name and Address of New Registered Agent  Name SHAM SUDDIN S RATANI  Street Address (P.O. Box Number is Not Acceptable)  Sulte, Apt. 4, Etc.  City CORAL SPRINGS State Zip Code 33067					CR2E040 (12/96)
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 <i>i</i>	Agent 2	GIST RED AG	SHAMS ENT MUST SIGN	KATANI	· Vr	Date	5/5/97.		
11. <b>'</b> Do De	es this corporation pay apt. of Revenue under S.	any intang 199.032,	ible tax to the Florida Statu	e ites. Yes	Z No[		(See other side for in on intangible to		
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 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.  SECONATURE:									
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Days The Phone #									

## S. K. Rayani, Inc. 4635 NW 57 Lane Coral Springs, FL 33067

May 6, 1997

Sandra B Mortham Secretary of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

Re: FEI #65-0593449

Dear Madam

I am enclosing herewith an application for reinstatement of our corporation. We did not receive any Profit Corporation Annual Report for 1996 nor for 1997 at our corporate address. Upon inquiry with your department last week, we were made to understand that since we did not file our annual report in 1996, our company's status has become inactive.

Also enclosed herewith is a check for \$373.75, which covers the reinstatement fees for the year ending 1996 and 1997, along with an additional fee for a Certificate of Status. I shall appreciate it, if you would kindly apply the above amount to reinstate our corporation, send us the certificate of good standing and waive off all the outstanding penalties. I am making this earnest request in view of the fact that since we did not receive any annual reports in mail, we had no idea by when they needed to be filed in.

We sincerely hope that you would consider our company's request.

Thanking you

Yours truly

Shams Rayani Vice - President