PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		Katheri Secretar	TMENT OF STATE ne Harris set State corporations	01	FILÉD FEB 28 PM 1: 09	
DOCUMENT # P950000 11472 1. Corporation Name Sharifi-Realty, Inc.				SE TAÈI	GREILRY OF STATE. JAHASSEE, FLORIDA	
2. Principal Office Address 15488 SW Warfield Blvd. Suite, Apt. #, etc.		3. Mailing Office Address Suite, Apt. #, etc.		· · · · · · · · · · · · · · · · · · ·	TATEMENT porated or Qualified	00-D1
City & State Indiantowal FL Zip Country 34956 mart		City & State	Country	5. FEI Number 6.	iness in Florida 2 8 9 5	Applied For- Not Applicable anal Fee required cate of Status
7. Name and Address of Current Registered Agent						
Maria Hussein						
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 REGISTERED AGENT MUST SIGN Date 2 -/4 - 0/						-9/
Titles Na	Names and Street Addresses of Each Officer/and/or Director (FI		Street Address of Each		City / State / Zip	
P. VP	Officers and/or Directors		Officer and/or Director -15488-S-W-Warfield-Blvd		 	
					L	S
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: SIGNATURE AND/TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #						