PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION FLOR			S	RIDA DEPARTMENT OF STATE Secretary of State Division of Corporations			DIVISION ACTOR ACTIONS  10 OCT 21 PH 12: 08				
DOCUMENT # P95000043362  1. Corporation Name  K & A United Inc											
							100186590361 10/12/1001059011 ***750.00 <b>09-/</b> 0				
_				office Address Dixie Highway etc.			REINSTATEVALINI 13/3/03/04/16/10)				
City & State City & State				MARKET			To Do Busi	4. Date Incorporated or Qualified To Do Business in Florida 6/6/1995			
	Palm Bea		Lake Worth, FL			5. FEI Numbe 65-058233	FEI Number Applied For S-0582337 Not Applicable				
zip 33415	15 USA		<sup>Zip</sup> 33460		USA 6. CI		6. CERTIFICATE	E OF STATUS DESIRED		tional Fee required tificate of Status	
7. Name and Address of Current Registered Agent  Name Haroon Sulaiman  Street Address (P.O. Box Number is Not Acceptable) 430 S. Dixie Highway  Suite, Apt #, Etc  City Lake Worth  State 'Zip Code   FL   33460						100186590361 10/12/1001059012 **8.75 <b>100186590361</b> 10/21/1001028013 **150.00					
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the ob  Signature of Registered Agent							Date 10 4 2010				
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 for Directors			Street Address of Each Officer and/or Director			· ·	State / Zip			
	Haroon Sulaiman			430 S. Dixie Hwy				Lake Worth, FL 33460			
D -	Aziza Sulaiman			430 S. Dixie Hwy			Lake Worth				
D	Masoo	Masood Alikhan			7549 Brunson Circle			Lake Wortl			
D	Ayesha			13 Midway Ct			Bensenvill	e, IL	60106		
D	Kazi Ah	7549 Brunson Circle			Lake Worth, FL 33467						
D	Kausar	4339	4339 Royal Banyan Way			Lake Worth, FL 33461					
10. E-mail Address: washpis@yahoo.com  (To be used for future annual report notification)											
1. I certify that I am an officer or director or the receiver of trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling 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. I further certify the information of this application is true and accurate, and my signature shall have the same legal effect.											

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

as if made under oath. SIGNATURE:

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## The Cullen Law Firm, P.A.

Concourse Tower II 2090 Palm Beach Lakes Blvd., Suite 500 West Palm Beach, FL 33409 Tel: 561.640.9191 Fax: 561.214.4021

mailbox@cullenlawfirm.net

October 19, 2010

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

Re:

K&A United, Inc.

#P95000043362

Dear Madam/Sir:

With regard to the reinstatement of the above referenced corporation, please find enclosed the following documents:

- 1. Corporate Reinstatement Application;
- . 2. A copy of your letter number 510A00025272;
- 3. Check in the amount of \$150.00 representing the additional \$141.25 reinstatement fees and the Certificate of Status fee in the amount of \$8.75.

Please reinstate this corporation and forward the Certificate of Status to us. Thank you for your attention to this matter.

Regards,

Donna Stevens

Paralegal to Mark A. Cullen

Dorea Devens

mof

enclosures

cc: client