

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE 95-96 Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 97 OCT 28 AM 11:16 mtn 10/29	
DOCUMENT # P95000081260					
1. Corporation Name SUPERSTOP SIXTH AVE INC.					
Principal Place of Business 15150 NE 6th AVE MIAMI, FL. 33162		Mailing Address P.O. Box 61-2106 N. MIAMI, FL. 33261			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable 15150 NE 6th AVE Suite, Apt. #, etc.		3. New Mailing Address, If Applicable P.O. Box 61-2106 Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida 10/23/95	
City & State MIAMI, FL. 3		City & State N. MIAMI, FL.		5. FEI Number 65-0613993	
Zip 33162		Zip 33261		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
1	2	3	4		
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip		
PR.	HAMID LAKHANI	15150 NE 6th AVE, NMB.	NMB, FL. 33162		
Sec	MOHAMMAD I LAKHANI	15150 NE 6th AVE	NMB, FL. 33162		
			800002339388--9 -11/05/97--01096-017 ****923.75 ****923.75		
8. Name and Address of Current Registered Agent HAMID LAKHANI 15150 NE 6th AVE NMB, FL. 33162			9. Name and Address of New Registered Agent Name: HAMID LAKHANI Street Address (P.O. Box Number is Not Acceptable) 15150 NE 6th AVE Suite, Apt. #, Etc. City: MIAMI State: FL Zip Code: 33162		
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 Agent: REGISTERED AGENT MUST SIGN Date: 10/27/97					
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax)					
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: HAMID LAKHANI 10/27/97 305-377-0000 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					