

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>APPLICATION FOR REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS		<b>APPROVED AND FILED</b>  97 FEB 12 PM 3:49  SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # <b>P95000083379 (4)</b>					
1. Corporation Name <b>KHAN BROTHERS INC.</b>					
Principal Place of Business <b>8382 SW 148th AVE MIAMI FL 33193</b>			Mailing Address <b>8382 SW 148th AVE MIAMI FL 33193</b>		
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		4. Date Incorporated or Qualified To Do Business in Florida <b>10/31/95</b>  5. FEI Number - <b>ETN</b> <b>65-0628938</b> Applied For Not Applicable	
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)					
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		
Director	KHAN AURANGZEB	8382 SW, 148th AVE MIAMI FL - 33193	FL - 33193		
Director	KHAN BABAR	8382 SW, 148th AVE	MIAMI FL 33193		
8. Name and Address of Current Registered Agent  <b>KHAN AURANGZEB 8382 SW, 148th AVE MIAMI, FL - 33193</b>			9. Name and Address of New Registered Agent <b>2000000833792-006</b> <b>02/13/97-01113-006</b> <b>****923.75 ****923.75</b> Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code <b>FL</b>		
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 <u><i>Aurangzeb Khan</i></u> Date <b>02/07/97</b> REGISTERED AGENT MUST SIGN					
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)					
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.					
SIGNATURE: <u><i>Aurangzeb Khan</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			<b>AURANGZEB KHAN</b> <b>02/07/97 (954) 771-7736</b> Date Daytime Phone #		

CP20040 (12/96)