PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		A DEPARTMENT OF ST Sandra B. Mortham Secretary of State IVISION OF CORPORATIONS	TATE	FILE	ΞD
DOCUMENT #. P9	10000 843	19		98 MAR - 6	
Corporation Name		· · · · · · · · · · · · · · · · · · ·		•	
ANKARAF IMPORT	EXPOR	T CORPORATIO		SECRETARY TALLAHASSEI	OF STATE E, FLORIDA
Principal Place of Business	Mailing Addr	ess	<u> </u>		
19630 NW Cypress	Court				
19630 NW Cypress Mami, Fl. 38	3015		DURIOR	A Teres to the series name	. 4
If above addresses are incorrect in any way, line		oformation and enter correction be		ATEMENT	96-98
2. New Principal Office Address, if Applicable	3 New Maili	ng Office Address, If Applicable	4. Date Incor	rporated or Qualified siness in F-orida /7	105 11
Suite, Apt. #, etc.	Suite, Apt. #.				195 W
City & State	City & State		5. FEI Numb	ær	Applied For
Zip Country	Zip	Country	6.	₩ \$	8.75 Additional Fee required
				TE OF STATUS DESIRED [V]	for a Certificate of Status
7. Names and Street Addresses of Each Officer in Name of Officers	and/or Director (Fio	rida nonprofit corporations must lis Street Address of			
Title(s) and/or Directors		Officer and/or D 3 (Do NOT Use Post Office		Gity / S	State / Zip
RESIDENT ANA BOLENA	DONADO	19630 NW CY/	press 4	MIAMI, FP,	280/5
VICE PRES. KATHERINE PER		19622 171) 1	1.60	t do not	l DOD IT
PRES. KHIHEKINE FER	EIKH	11030 DW (ypkessy	MIAMI, F1	, 2013
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B. Name and Address of Curre	nt Registered Ager	nt	9. Name and	Address of New Registered	Agent
AND PRICION DONA	OGF	Name A	NA POLE	TANGE ACE	ج کم
MAN ECERTIFICATION OF THE BEAUTY	-SS: (100)	Street Addr	ess (P.O. Box Number	r is Not Acceptable)	p
19630 NW COPPE	_	Suite, Apt.		IPRESS COUL	9
ANA BOLENA DONA 19630 NW CYPRE MIAMI, FL, 33016		City		Stat	e Zip Code
10. I, being appointed the registered agent of the	1	MIHI	UI	FL	
	novernamed corpor	anon: am ramiliar with and accept	the obligations of Sect	tion 607.0505, F.S.	6-
Signature of Registered Agent	REGISTERED AGE	NT MUST SIGN		Date /0/9/	9-7
11. Does this corporation pay	any intandi	hle tay to the			
Dept. of Revenue under S	5. 199.032, I	Florida Statutes. Y	es 🔲 No 🛚		de for information ngible tax.)
12. I certify that I am an officer or director or the recthis reinstatement application, the reason for director owed by the corporation have been paid and the on this application is true and accurate, and my	solution has been e e names of individua	liminated, the corporate name sati als listed on this form do not qualif	isfies the requirements ly for an exemption un	s of section 607.0401 or 617.0	0401, F.S., that all fees
1	0			. 1. 1	
SIGNATURE: Phis 1	Sofourd	2 Dawdo		0/9/97	
SIGNATURE AND TYPED UP I	PINTED NAME OF SI	GNING OFFICER OR DIRECTOR		Date D	aytime Phone #

For	_e 55-4		ation for Employ				EIN		
Plet	v. December 1995)	(For use by	'employers, corporations, ent agencies, certain indiv	pertnerships, trusts, e iduals, and others. Se	states, chur e instruction	rches, ns.)			
	Priment of the Tressury Tall Revenue Service	•		for your records.			QMB No.	1545-0003	
.,	1 Name of applican	(Legal neme) (See instructions.) UPORT EXPO	PT, CURP	2 .				
Clearly	2 Trade name of bu	sinass (il differe	int from name on line 1)	3 Executor, trustee,	"care of" na	me		**	
prist	19630 NK) cuph	room, apt., or suite no.)	5a Business address	(If different f	rom addres	us on lines 4	a and 4b)	
ŏ e dk	4b City, state, and 21 MIAMI			5b City, state, and Zil	330,	15			
Please	6 County and state DAD6	- F/	(DP 1D#					,	
الله	7 Name of principal ANA	officer, general SOLFW	partner grantor, owner or the DON ADC	(ustor—SSN required (5	ee instructk	ons.) >			
60	Type of entity (Check			atate (SSN of decedant) an administrator-SSN	•		- ōratio	۵	
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	State/locar governm		ional Guard Fe						
	U Other (specify) ►			(
85	If a corporation, name (if applicable) where in		reign country State		Fore	rign countr	/ ···		
9	Reason for applying (C	hack only one	box.) 🛄 Ba	inking purpose (specify)	>				
	Started new busine	ss (specify) 🏲 .		ranged type of organiza) >			•
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10	Created a pension :	or acquired (Mo		s.) 11 Clas	Other Contract of the Contract	of accounti	ng year (See	DSTATE A	YENT
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For Paperwork Reduction Act Notice, see page 4.

Form \$\$-4 (Rev. 12-96)