07/17/97 THU 12:04 FAX 001

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

H97000011650

APPROVED AND FILED

1997 JUL 17 AM 8:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000093811

1. Corporation Name
MAWARID ENTERPRISES, INC.

Principal Place of Business
6454 INTERNATIONAL DRIVE
ORLANDO, FLORIDA 32819

Mailing Address

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: 12/08/1995

5. FEI Number: 59-3348120 | Applied For | Not Applicable

6. CERTIFICATE OF STATUS DESIRED: [X] $30.00 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 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DPST	JESSE MAALI	6454 INTERNATIONAL DRIVE	ORLANDO, FLORIDA 32819
		REINSTATEMENT '96 - '97	
			SCC 7-17-97

8. Name and Address of Current Registered Agent
DAVID R. PORTLOCK
7353 SANDLAKE ROAD
ORLANDO, FLORIDA 32819

9. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City | State FL | Zip Code

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: [signature] REGISTERED AGENT MUST SIGN
Date: 7/16/97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes [X] No [ ]
(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(5)(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] 7/16/97 407-345-9200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
JESSE MAALI, PRESIDENT

This document was prepared by: Michael Ryan, Esquire,
Florida Bar Number: 220965,
Lowndes Drosdick, Doster, Kantor & Reed, P.A.
P. O. Box 2809, Orlando, Florida 32802-2809
(407) 843-4600

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TO: DIVISION OF CORPORATIONS **FAX #: (850)922-4000**

FROM: LOWNDES, DROSDICK, DOSTER, KANTOR & REED, P. ACCT#: 072720000036
CONTACT: KYLE L WHITE
PHONE: (407)843-4600 FAX #: (407)843-4444

NAME: MAWARID ENTERPRISES, INC.
AUDIT NUMBER.....H97000011650
DOC TYPE.....CORPORATION REINSTATEMENT
CERT. OF STATUS..1 PAGES..... 1
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