

CAPITAL CONNECTION

850 222 1222

05/30 '01 13:32 NO.235 02/02

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 795000094761

1. Corporation Name

CHARISMA, INC.

FILED

01 JUN -1 PM 2:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Office Address

10572 SW 72nd St

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33193

Country

US

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

700004416857--6

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*****8.75 *****8.75

4. Date Incorporated or Qualified
To Do Business in Florida

12/11/95

5. FEI Number

650684736

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

shehad Contractor change to: Geoffrey C. Bennett, Esq.

Street Address (P.O. Box Number is Not Acceptable)

10572 SW 72nd St

350 Camino Gardens Blvd

303

Suite, Apt. #, Etc.

Boca Raton, FL 33432

City

Miami

State

FL

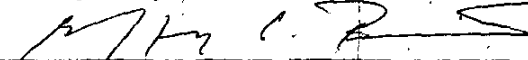
Zip Code

33193

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 817.0502, F.S.

Signature of

Registered Agent



Date

5/31/01

REGISTERED AGENT MUST SIGN

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/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	Shahab Kidwai	10572 SW 72nd St.	Miami, FL 33193
S/D	Najma Kidwai	Same	700004416857--6
			-06/13/01 01010 017
			***1050.00 ***1050.00

REINSTATEMENT

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 807 or 817, 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 807.0401 or 817.0401, 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)(f), 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: X

S. Kidwai

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/30/01

Date Daytime Phone #