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

FILED
01 JUN -1 PM 2:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000094761

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

1. Corporation Name
CHARISMA, INC.

2. Principal Office Address	3. Mailing Office Address
10572 SW 72ND ST	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, FL	City & State
Zip: 33193 Country: US	Zip Country

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: Shezad Contractor (Change to: Geoffrey C. Bennett, Esq.

Street Address (P.O. Box Number Is Not Acceptable): 10572 SW 72nd St (Change to: 350 Camino Gardens Blvd #303)

Suite, Apt. #, Etc.: (Change to: 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 607.0505 or 617.0502, F.S.

Signature of Registered Agent: Geoffrey C. Bennett 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	

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***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 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: X [signature] 5/30/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #