PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FLEAGE HEAL		·		1	ING THIS FC	ALMAN.	
APPLICATION,	a A	A DEPARTME					
FOR		Sandra B. Mor					
REINSTATEMENT	7	Secretary of S					
DIVIDION OF CONFORMATIONS				FIL.ED			
DOCUMENT # P95000097677 1. Corporation Name				98 FEB -6 AM 8: 41			
•					IALLAHA	ARY OF STAT SSEE. FLOR	IĎA
Principal Place of Business	Mailing Add	ress		-			,
1000-1NV-0107-AVE	•	4099 NW 3IST AVE.					
FT. LAUDERDALE FL 89909	-FT-LAUDER	-FT. LAUDERDALE FL-83300					
5990 (R) No. Fed. Hwy	5990	(R) No. Fe	ed. Hwy				1 00
Ft. Lauderdale, FL 3330	8 Ft. L	auderdale,	FL 3330	*RFIN	STATEN	ENIG	1418
If above addresses are incorrect in any way, tine if 2. New Principal Office Address, if Applicable	moagn meeneer	nformation and enter ing Office Address, If	Seriocitori potetti.	1 1 1 1 1			
5000 (R) No. Fed. Hwy					Date Incorporated or Qualified To Do Business in Florida 12/28/1995		
Suite, Apt. W, etc.	Stiffer, Apr. #	Sing Apr. (R.) No. Fed. Hwy			5. FEI Number CE OCCUADO Applied For		
City & State	City & State			1	65-0633426	<u> </u>	Not Applicable
Ft. Lauderdale, FL33308 Zip Country	Ft. La	auderdale,	FL 3330	6.		C 75 A 1410	nal Fee required
33308 Broward	33308	_	, ward —	CERTIFICAT	E OF STATUS DESIRED		cate of Status
7. Names and Street Addresses of Each Officer ar				ast 3 directors)			
Name of Officers and/or Directors		Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box N]		City / State / Zip	
1 2				lumbers)			
D/P BLEIBLE, MOHAMMED D/D Kahook, Nofal		4000 NW 318T AVE.		FT: LAUDERDALE FL 33309			
WOT BLEIBLE, MOHAMMED		9941 SW 4th Street					
11 01-1-2-1 22 22	5324 NW 6			Coral Springs FL 33067			
VST Snenaden, Abdelka	+ + 411	3324 144 0	och blive	<u> </u>	Coral Spri	.ngs FL 3	33067
				4	000024	32232 9801007-	-010
					****908		908.75
						Sh (ND)	
						9.10,00	'
						J.V.	
8. Name and Address of Current Registered Agent				Name and Address of New Registered Agent			
BLEIBLE, MOHAMMED			Name	a L. Ce	110 C/ NOL	11's Ma	ut Talor &
					is Not Acceptable)	nt - high	Mt. TNC 1000 DOOS DOOS DOOS DOOS DOOS DOOS DOOS D
FT. LAUDERDALE FL 33309 Suite, Apl. #, Etc.				R) Nort	h Federal	Highway-	
			outo, Apr. W, Elo.	· 	C	_	1
			Ft. La	uderdal	Α	State Zip Code	
10. I, being appointed the registered agent of the a	bove named corp	oration, am familiar w				1	
signature of	P	11.			01/01	alao	1
egistered Agent	REGISTERED AC	SENT MUST SIGN			Date 0/ /34	116	
dd This severalise success to					· · · · · · · · · · · · · · · · · · ·	 -	
11. This corporation owes or I				No 🎞		ther side for Informon intangible tax.)	nation
Intangible Personal Prope	rty tax due	June 30.	Yes 🔀	No L			
12. I certify that I am an officer or director or the rec							
this reinstatement application, the reason for dis owed by the corporation have been paid and the							
on this application is true and accurate, and my							

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N. 10

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR