PLEASE REA	AD ALL INSTRUC	CTIONS BEFORE (COMPLETING THIS FOR	RM
*** APPLICATION	FLORIDA FLORID	ATTIENT OF STATE	٦	47
DOCUMENT # P9600001949 1. Corporation Name FALAFEL KING, CO.			01 OCT 24 AM 11: 2	?6
Principal Place of Business 8010 BROCATEL COURT ORLANDO FL 32822	0 BROCATEL COURT POST OFFICE BOX 720219			
If above addresses are incorrect in any way, line through incorrect information and enter correction. 2. New Principal Office Address, if Applicable 12.140 COLLEGIATE WAY 3. New Mailing Office Address, if Applicable 653 BLENHEIM LO Suite, Apt. #, etc. SUITE 175 City & State ORLANIO FC City & State CRUMNIO FC City & State CITY & ST		Address, if Applicable NHEIM LOOP ER SP45, FC	4. Date Incorporated or Qualified To Do Business in Florida 01/01/1996 5. FEI Number Applied For Not Applicable 6. \$8.75 Additional Fee required	
7. Names and Street Addresses of Each Officer	Zip 32708 and/or Director (Florida nonp	Country USA profit corporations must list at lea	CERTIFICATE OF STATUS DESIRED ast 3 directors)	for a Certificate of Status
Title(s) Name of Officers 3		Street Address of Each Officer and/or Director		
			40000467 -11/15/01- ****158.7	01003018
				SP
8010 BROCATEL COURT			9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.	
			State Zip Code	
10. I, being appointed the registered agent of the Signature of Registered Agent	e above named corporation, and a second seco	AQUINED)		17/01
11. I certify that I am an officer or director or the			provided for in chapter 607 or 617, F.S. I fu	rther certify that when filling

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

10/17/01 407-701-0069
Date Daytime Phone #

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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Florida Department of State Division of Corporations Annual Report/Reinstatement Section P.O. Box 6327 Tallahassee, FL 32314-6327

October 18, 2001

To Whom It May Concern:

I was very upset when I received the "Notice of Administrative Dissolution or Revocation" indicating that my corporation has been administratively dissolved. What's even more upsetting is the \$600 reinstatement fee.

I certify to you that I did not received the original "2001 Uniform Business Report" when it was presumably mailed earlier in the year.

I think I know where the problem with the mailing occurred. My mailing address is P.O. Box 720129. Right above my mailbox sits P.O. Box 720218, the mailbox of the Orlando-Orange County Expressway Authority for business to do with E-PASS.

I know that their mailbox is right above mine because every week the post office mistakenly puts many pieces of their mail into my box. And conversely, many pieces of my mail have been lost because they were placed into their box.

I presume this is what happened in this case. The original "2001 Uniform Business Report" might have been mistakenly placed into their mailbox. Who knows what other mail you might have sent me that might also have been misdelivered.

In conclusion, I ask for you to kindly waive the reinstatement fee because I feel I am not at fault here. I've always filed all my many numerous returns on or before their due time. Such a huge penalty of \$600 will further endanger my company's finances, which have been negatively impacted since the September 11th tragedy.

Sincerely,

Omar Dajani Proprietor Falafel King, CO Orlando, Florida

Orlando, Florida 407-701-0069