PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. APPLICATION OF FLORIDA DEPARTMENT OF STATE FOR O DIVISION OF CORPORATIONS REINSTATEMENT FILED DOCUMENT # 79600016230 (6) 98 MAY -5 PM 12: 16 1. Corporation Name RALEIGH GROUP INVESTMENTS, INC SECKLIARY OF STATE TALLAHASSEE, FLORIDA Malling Address Principal Place of Business If above addresses are incorrect in any way, line through incorrect information and enter correction below. DO NOT WRITE IN THIS SPACE Date Incorporated or Qualified
 To Do Business in Florida 2. New Mailing Address, If Applicable 3. New Principal Office Address, If Applicable 5990 (R) N. Faderal Huy Sulle, Apl. #. elc. 5990(R) N. Federal Husio Applied For Not Applicable \$8.75 Additional Fee required for a Certificate of Status CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director. (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each City / State / Zip Title(s) and/or Directors Officer and/or Director (Do NOT Use Post Office Box Numbers) Parsher, Wael
1081 Nw 100th way
71antercon, FL 33332 1681 Nw 100th way Plantation FL 33300 90002516239---05/07/98-01126--009 \*\*\*\*\*908.75 \*\*\*\*\*908. \*\*\*\*908.75 REINSTATEMEN 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Dahshoh, Wael 1681 Nov. 100th Way Plantation, Fr 33322 Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. State 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 REGISTERED AGENT MUST SIGN (See other side for 11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box 12. Does this corporation pay any intangible tax to the (See other side for information Dept. of Revenue under S. 199.032, Florida Statutes. Yes L Nol 13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 corporato name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNING OFFICER OR DIRECTOR

SIGNATURE: