

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P96000019633</b> 1. Entity Name <b>MOHSIN, INC.</b>	
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FILED

05 JAN 28 PM 3:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 2415 NORTH MONROE ST., #2130 TALLAHASSEE, FL 32303	Mailing Address POST OFFICE BOX 37054 TALLAHASSEE, FL 32315
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2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip	3. Mailing Address 4533 Highgrove Road Suite, Apt. #, etc. Tallahassee FL 32309 City & State  Zip 32309	4. FEI Number 59-3365003
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01282005	REIN-P	CR2E098 (6/04)
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
4. Applied For		Not Applicable

6. Name and Address of Current Registered Agent  MACHADO, LIGIA V 4533 HIGHGROVE ROAD TALLAHASSEE, FL 32309		7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Ligia Machado* DATE: 1-28-05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

<b>FILE NOW!!! FEE IS \$300.00</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MONSIN, ALI 4533 HIGHGROVE ROAD TALLAHASSEE, FL 32309	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Monsin Ali Ali, Mohsin  President 700046025647 02/04/05--01037--014 **300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MACHADO, LIGIA V 4533 HIGHGROVE ROAD TALLAHASSEE, FL 32309	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition REINSTATEMENT 04-05
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Ligia Machado* DATE: 1-28-05 DAYTIME PHONE #: 850 425 8860

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