PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPAR MENT OF STATE **APPLICATION** Katherir e Harris FOR Secretar of State DIVISION OF CORPORATIONS FILED DOCUMENT # P 960000 35748 1. Corporation Name 01 MAY -4 PM 1: 18 ALKOWNI- KHAN, INC SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 5463 W. HWY 192 5463 W. Hwy 192 KISSIMMEE, FL.34746 KISSIMMEE, FL. 34746 If above addresses are incorrect in any way, line through incorrect information an enter correction below. 2. New Principal Office Address, If Applicable 3. New Mailing Office Add ess, If Applicable Date Incorporated or Qualified To Do Business in Florida 7345 SANDLIKE 5481 W. IRLO BRONSON HUW 4122196 Suite, Apt. #, etc. 412 5. FEI Number Applied For City & State City & State 59-3377962 Not Applicable ORLANDO. KISSIMMEE, FLORIDA FLORIDA \$8.75 Additional Fee required for a Certificate of Status CERTIFICATE OF STATUS DESIRED 34746 OSCEOLA 32819 ORANGE 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 Title(s) and/or Directors Officer and/or Director City / State / Zip (Do NOT Use Post Office Box Numbers) 6624 MISSION CLUB BLUD. # 209 ORLANDO, FL. 32821 OSAMA ALKOWNI 7524 SEURAD STREET #301 ORLANDO, FL. 32819 BASSAM ALKOWNI 13710 CALLE TACUPA SARATOGA, CA TRICIA 000004324340---1 -05/29/01--01008--009 ****300.00 ****300.00 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name CR2E081 (12/98) BASSAM ALKOWNI Street Address (P.O. Box Number is Not Acceptable) 5481 W. IRLA BRONSON HWY Suite, Apt. #, Etc. KISSIMMEE, FL. 34746 City State Zip Code 10. I, being appointed the registered agent of the above named corporation, am f miliar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent REGISTERED AGENT MUST 3IGN This corporation owes the current year (See other side for information on intangible tax.) Intangible Personal Property Tax due June 30. 12. I certify that I am an officer or director or the receiver or trustee embowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling this constatement application, the reason for dissolution has been eliminated. he 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 occurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFF CER OR DIRECTOR

SIGNATURE:

5/3/01 407-396-727: