

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
AND  
FILED

1997 DEC 10 AM 8:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # *PAU 000010007*

1. Corporation Name

*DARAHANY CORP.*

Principal Place of Business

*18130 N.W 2nd ave  
Miami FL 33169*

Mailing Address

*18130 N.W 2nd ave  
Miami FL 33169*

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

*18130 N.W 2nd ave*

3. New Mailing Office Address, If Applicable

*18130 N.W 2nd ave*

4. Date Incorporated or Qualified To Do Business in Florida

*June 1996*

5. FEI Number

*65-0674195*

Applied For  
Not Applicable

City & State

*Miami FL*

City & State

*Miami FL*

Zip

*33169*

Country

*U.S.A*

Zip

*33169*

Country

*U.S.A*

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
<i>pres.</i>	<i>SAMEH AWAD</i>	<i>18130 N.W 2nd ave miami FL 33169</i>	<i>Miami FL 33169</i>

*800002375808--1  
-12/17/97--01113--010  
\*\*\*\*750.00 \*\*\*\*750.00*

REINSTATEMENT

*971188  
12/10/97*

8. Name and Address of Current Registered Agent

*Sameh Awad*

9. Name and Address of New Registered Agent

Name *SAMEH AWAD*  
Street Address (P.O. Box Number is Not Acceptable)  
*18130 N.W 2nd ave*  
Suite, Apt. #, Etc.

City *Miami*

State *FL* Zip Code *33169*

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

*Sameh Awad*

REGISTERED AGENT MUST SIGN

Date *11/17/97*

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No

(See other side for information on intangible tax.)

12. 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 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 accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

*Sameh Awad* **SAMEH AWAD**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*11/17/97*  
Date

*(305) 655-0038*  
Daytime Phone #

CP25040 (12-96)