PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

· · ·					FILED		
CORPO REINST	RATION TENENT	Se	EPARTMENT OF STA  Jim Smith  cretary of State  on of Corporations	02	2 DEC -3 AM II: 29 SECRETARY OF STATE ALLAHASSEE FLORIDA		
1. Corporation N	ENT# P9600 Iame CKY RNRT C						
2. Principal Offic  2468  Suite, Apt. #, etc.	BECLAIR RD		3. Mailing Office Address  Suite, Apt. #, etc.		900009440599 12/10/0201079004 **150.00		
City & State	WATER, FL	City & State	l ,		rporated or Qualified siness in Florida	Applied For	
3376 g	Country	Zip	Country	6.	3420876 TE OF STATUS DESIRED □ \$8.75 A	additional Fee required Certificate of Status	
Street Address (P.O. Box Number is Not Acceptable)  2468 BELLAIR RD  Suite, Apt. # Etc.  City CLEARWATER  State Zip Code FL 33764  8. I, being appointed the registered agent of the above famed corporation am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.  Signature of Registered Agent REGISTERED AGENT MUST SIGN  Date  REGISTERED AGENT MUST SIGN							
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)							
Titles	Fittes Name of Officers and/or Directors		Street Address of Each Officer and/or Director		City / State / 2	Zip	
	BDUL RAHIM Q ILOFER QASS		2468 BELLAI 2468 BELLAI		CLEARWATER,		
10. 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 climinated, 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-old 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  Davime Phone #							

gs 12/6

## **LUCKY RNRJ CORPRATION**

2468 BELLAIR ROAD CLEARWATER, FLORIDA 33764

November 20, 2002

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FI 32314

re: Lucky RNRJ Corporation P96000052342, and INAARA Corporation P00000080838

## Gentlemen:

Enclosed please find an executed Corporation Reinstatement form for the two (2) above listed corporations, and the respective checks #2765 and #1463 in the respective amounts of \$150.00 each covering the annual report fees for the current year of each corporation.

We hereby respectfully request a waiver of the reinstatement fee based on the following circumstances:

- We never received the annual reports for these corporations. Previously the corporation address was 6800 4<sup>th</sup>. Street North, St. Petersburg, Florida for Lucky RNRJ Corp, and 300 E. Princeton St., Orlando, Fl 33803 for INAARA Corp. prior to moving to our current address.
- 2. On April 11, 2002, we paid our accountant at the time, Chandra Merta \$450.00 for her to renew the annual fees of 3 corporations for which we had not received the annual report, a copy of the check is hereby enclosed for your information. This payment involved the two (2) above listed corporation and a third which was sold, and we do not need it reinstated. Since the check was cashed, we assumed that the corporations' annual reports for these corporations were renewed by our accountant. It was not until our new accountants looked into it that we found the corporations were dissolved.

We therefore request the reinstatement of these two (2) corporations and the abatement of the reinstatement fees.

We thank you for your prompt attention to this matter and its favorable resolution.

Very truly yours,

Abdul R. Øassam

rgariq Qassam

w/ enclosure