

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**APPLICATION  
FOR  
REINSTATEMENT**



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

APPROVED  
AND  
FILED

97 DEC 26 PM 2:15

**DOCUMENT # P96000065929**

1. Corporation Name

**EXOTIC EXPERIENCE, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

831 VILLAGE BLVD., SUITE 905-166  
WEST PALM BEACH FL 33409

Mailing Address

831 VILLAGE BLVD., SUITE 905-166  
WEST PALM BEACH FL 33409



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

|  |         |  |         |  |  |
|--|---------|--|---------|--|--|
| 2. New Principal Office Address, If Applicable |         | 3. New Mailing Office Address, If Applicable |         | 4. Date Incorporated or Qualified To Do Business in Florida<br><b>08/07/1996</b>                                     |  |
| Suite, Apt. #, etc.                            |         | Suite, Apt. #, etc.                          |         | 5. FEI Number<br><b>65-0797242</b>   |  |
| City & State                                   |         | City & State                                 |         | <input checked="" type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable                           |  |
| Zip  | Country | Zip  | Country | 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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<br>Title(s) | 2<br>Name of Officers and/or Directors | 3<br>Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | 4<br>City / State / Zip   |
|---------------|--|--|---|
| D             | ZAHID, MAHMOUD A                       | 931 VILLAGE BLVD., SUITE 905-166   | WEST PALM BEACH FL 33409  |
|               |  |  | 8000002384918-7<br>-12/29/97-01123-027<br>****750.00 ****750.00 |
|               |  |  | <b>REINSTATEMENT 1997</b>                                       |
|               |  |  | A. Man  |
|               |  |  | 12/26/97  |

8. Name and Address of Current Registered Agent

**JOHNSON, CHALRES H**  
**201 S. BISCAYNE BLVD., 10TH FLOOR**  
**MIAMI FL 33131**

9. Name and Address of New Registered Agent

|  |                             |
|--|-----------------------------|
| Name   |                             |
| Street Address (P.O. Box Number is Not Acceptable) |                             |
| Suite, Apt. #, Etc.                                |                             |
| City   | State<br><b>FL</b> 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 *[Signature]*  
REGISTERED AGENT MUST SIGN

Date **12/20/97**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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)(l), 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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAHMOUD ZAHID

12/20/97 (203) 661-3662  
Date Daytime Phone #

CP2E040 (8/97)