## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

DOCUMENT # P96000087934  1. Corporation Name  KHAN U.S.A. INC.  2. Principal Office Address - No PO East # Sala Malang Office Address 583 W PALM AIRE DR  Sale, Apt F. etc.  3. Maling Office Address 583 W PALM AIRE DR  Sale, Apt F. etc.  4. Date Incorporated of Qualified October 24, 1996.  City & State  POMPANO BEACH, FL POMPANO BEACH,	CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS					FEB - 7 PM 2: 48	
Sule, Apt. #, etc.    Sule, Apt. #, etc.	1. Corporation Name									LAHASSEE, FLORIDA	
Suite, Apt. #, etc.    4. Date Incorporated or Qualified To Do Business in Florida October 24, 1996.	2. Principal Office Address - No P.O. Box # 3. Mailing Office Address								 	INTERPRET OF INTERPRET	
Suite, Apt. #, etc.    Suite, Apt. #, etc.	583 W PALN	M AIRI	DR		583 W PA	ALM AIRE DR			REINS ALEMENTO, 05-08		
City & State  POMPANO BEACH, FL  Size  Country  33069  USA  3069  USA  4060  Centrificate of Status Despite Country  INTERVIEW OF STATUS DESPITED  3075 Additional Fee requirements of Country of Status Despite Country  INTERVIEW OF STATUS DESPITED  3075 Additional Fee requirements of Country  3075 Additional Fee requirements of Additional F	Suite, Apt. #, etc. Suite, Apt. #					, etc.			4. Date Incorp	porated or Qualified	
POMPANO BEACH, FL  Zip  Country Zip  33069  USA  WITH reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.  B. 1, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.  Signature of Registered Agent  Regis	City & State				City & State	ate			<b> </b>		
33069 USA 33069 USA 33069 USA 33069 USA CERTIFICATE OF STATUS DESIRED STATUS DESIRED To a Certificate of Status  7. Name and Address of Current Registered Agent  Name  7. Name and Address of Current Registered Agent  Name  8. AMJAD ALI KHAN  Street Address (P.O. 8 to Number is Not Acceptable)  State Address (P.O. 8 to Number is Not Acceptable)  State Address (P.O. 8 to Number is Not Acceptable)  State Address (P.O. 8 to Number is Not Acceptable)  State Day Code  PLANTATION  8. I. being appointed the registered agent of the above named corporation, ann familiar with and accept the obligations of section 697.0505 or 617.0503, F.S.  Signature of Registered Agent  REGISTERD AGENT MUST SIGN  Date O City / State / Zip  P/T AMJAD ALI KHAN  7688 NW 5TH STREET  PLANTATION, FL, 33324  V/S ALI IFTIKHAR  583 W PALM AIRE DR  POMPANO BEACH, FL, 33069  10. Learlity that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 517, F.S. I further certify that when filling this remistatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.061 or 617, C401, F.S., that all fees owned by the composition have the same legal effect as if made under cath.  SIGNATURE:  300 A MAGENTARY AMAGENTARY AMAGENTARY.  301 AMAGENTARY AMAGENTARY AMAGENTARY AMAGENTARY AMAGENTARY AMAGENTARY.  302 A4, 08 954-708.354		BEAC			+					\- <del>                                    </del>	
Name AMJAD ALI KHAN  Street Address (P.O. Box Number is Not Acceptable) 7688 NW 5TH STREET  Suite, Apt. #, Etc. 2D  City PLANTATION  State   State   Zip Code PLANTATION  State   Address of Each   City   State   Address    P/T AMJAD ALI KHAN  7688 NW 5TH STREET  PLANTATION , FL, 33324  10. Lecrity 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 filling this reinstatement application, the reason for dissolution has been eliminated, the corporate name satellies the requirements of section 607 0401 or 617, 401, 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 contained in Chapter 119, 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 cath.  SIGNATURE:  Amusch AKMAY  Amusch A			•	·	'			•		CEDTIFICATE OF STATUS DESIDED 30.73 Auditional ree required	
Signature of Registered Agent  REGISTERED AGENT MUST SIGN  9. Names and Street Addressos of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Titles  Name of Officers and/or Directors  Name of Officers and/or Directors  Name of Officers and/or Directors  P/T AMJAD ALI KHAN  7688 NW 5TH STREET  PLANTATION , FL, 33324  V/S ALI IFTIKHAR  583 W PALM AIRE DR  POMPANO BEACH, FL, 33069  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 filling 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 contained in Chapter 119, 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:  Amuad Khay  Amuad Auxam  02.04.08  954-768.35	Name AMJAD ALI KHAN Street Address (P.O. Box Number is Not Acceptable) 7688 NW 5TH STREET Suite, Apt. #, Etc. 2D City State Zip Code							circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement			
P. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Titles	i i										
Name of Officers and/or Directors  Name of Officer and/or Directors  Name of Officer and/or Directors  Name of Officer and/or Director  P/T AMJAD ALI KHAN  7688 NW 5TH STREET  PLANTATION , FL, 33324  V/S ALI IFTIKHAR  583 W PALM AIRE DR  POMPANO BEACH, FL, 33069  102/UI/ U801U14019 ***6001.00  102/UI/ U801U14019 ***6001.00  103.1 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 filling 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 examption contained in Chapter 119, 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:  Amusa Auxam 02.44.08  954-769-3562	Registered Agent										
P/T AMJAD ALI KHAN 7688 NW 5TH STREET PLANTATION, FL, 33324  V/S ALI IFTIKHAR 583 W PALM AIRE DR POMPANO BEACH, FL, 33069  10.1 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 filling this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607,0401, F.S., that all flees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, 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.	9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)										
V/S ALI IFTIKHAR  583 W PALM AIRE DR  POMPANO BEACH, FL, 33069  10.117496478  02.707, U8-01014-013 ***600.100  10.1 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 filling 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 contained in Chapter 119, 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.	Titles									City / State / Zip	
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