

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

02 JAN 25 PM 4:40

DOCUMENT # **P 960000 94470**

1. Corporation Name

HAARIS ENTERPRISES OF KISSIMMEE INC.

300004844929--3
-01/30/02--01059--010
****408.75 ****#108.75

2. Principal Office Address

**2985 VINELAND RD.
KISSIMMEE, FL 347**

3. Mailing Office Address

P.O. BOX 228

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

KISSIMMEE, FL

City & State

LAKE BUENA VISTA, FLA.

Zip

34746

Country

U.S.A

Zip

32830

Country

U.S.A

4. Date Incorporated or Qualified To Do Business in Florida

11/19/96

5. FEI Number

59-3407922

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT # 01-02

7. Name and Address of Current Registered Agent

Name

FAROOQ A. SYED

Street Address (P.O. Box Number is Not Acceptable)

10131 S. FULTON CT.

Suite, Apt. #, Etc.

City

ORLANDO

300004844929--3
-01/30/02--01059--011
State FL 32836 ****500.00

8. I, 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

[Signature]

REGISTERED AGENT MUST SIGN

Date **01/22/02**

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	FAROOQ A. SYED	10131 S. FULTON CT	ORLANDO, FL 32836
	/	/	/
	/	/	/
	/	/	/

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 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:

[Signature]

FAROOQ A. SYED

01/22/02

407-301-4013

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)

BS