

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

AND FILED

1997 DEC 23 PM 4:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000100960

1. Corporation Name  
PARVEN CORPORATION

Principal Place of Business

~~6535 SW 8TH ST~~  
~~MIAMI FL 33144~~

Mailing Address

6535 SW 8TH ST  
MIAMI FL 33144



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  
12/13/1996

Suite, Apt. #, etc.  
602 S. FED. HWY  
City & State  
DANIA FL  
Zip  
33004  
Country  
USA

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602 S. FED. HWY  
City & State  
DANIA FL  
Zip  
33004  
Country  
USA

5. FEI Number  
65-0790740  
Applied For  
Not Applicable  
6. 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
AD- PS	HOSSAIN, MAZUMDER S- MOHAMMAD S. RAHMAN	6535 SW 8TH ST 602 S. FED. HWY	MIAMI FL 33144 DANIA FL 33004
			900002385049-9 -12/29/97-01133-002 ****750.00 ****750.00

REINSTATEMENT

973080  
12/22/97

8. Name and Address of Current Registered Agent

HOSSAIN, MAZUMDER S  
6535 SW 8TH ST  
MIAMI FL 33144

9. Name and Address of New Registered Agent

Name  
MOHAMMAD S. RAHMAN  
Street Address (P.O. Box Number is Not Acceptable)  
602 S. FED. HWY  
Suite, Apt. #, Etc.

City  
DANIA

State  
FL  
Zip Code  
33004

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 \* M.S. RAHMAN.

REGISTERED AGENT MUST SIGN

Date 12-16-97

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)(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: \* M.S. RAHMAN. MOHAMMAD S. RAHMAN 12/16/97 954-922-0036  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (9/97)