PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

APPLICATION FOR REINSTATEMENT

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

FILED
05 MAY 24 AM 9:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003-2005 Rei

DOCUMENT # P97000032791

1. Corporation Name
BAH INC.

Principal Place of Business	Mailing Address
900 CAROLINE ST. KEY WEST FL. 33040	1282 N.E. 163 ST. N. MIAMI BCH. FL. 33162

12/29/04 01033002 - 150.00

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
900 CAROLINE ST.	1282 N.E. 163 ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: KEY WEST. FL	City & State: N. MIAMI BCH FL
Zip: 33040 Country: USA	Zip: 33162 Country: USA

4. Date Incorporated or Qualified To Do Business In Florida

5. FEI Number: 65-0743600 ☐ 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	4 City / State / Zip
PS TD	AZIZ AMBREEN	3312 NORTH SIDE DR	KEY WEST FL. 33040
		900055659669 06/02/05--01039--003 **150.00	
		900055659669 06/02/05--01039--004 **150.00	

8. Name and Address of Current Registered Agent

FUDALI PETER W
100 S.E. 2nd ST. #2600
MIAMI, FL. 33131

9. Name and Address of New Registered Agent

Name: MICHAEL A. RAUF
Street Address (P.O. Box Number is Not Acceptable): 1282 N.E. 163 ST.
Suite, Apt. #, Etc.:
City: N. MIAMI BCH. State: FL Zip Code: 33162

CR2E040 (8/00)

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: Michael A. Rauf — Date: 04-30-05
REGISTERED AGENT MUST SIGN

11. 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: X Aziz Ambreen — 4/30/05
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

To:
Fla. Dept. of State
Re-instatement Section

2nd

Re: DOC. # P97000032791
Application for Re-INSTATEMENT

Dear Miss Michelle.

Enclosed Two checks for - Renewal Uniform busines Report.

I didn't receive any renewal form in 2003, and Corporation was - dissolved on 9-19-03 we have problem for mail, my accountant retired and closed his office and I am not got in Compnter. so I am completely Lost- Please help one. I have enclosed fee as per your instructans over the - Phone. I never receive renewal FORM Please Re-instate my corporation.

I Thank you for help.

Sincerely Yours
X
AZIZ AMBREEN