APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

Read Instructions on Other Side Before Making Entries
Make Check Payable To: *Department of State*

1. Name and Mailing Address of Corporation: DOCUMENT # 970000667 73

TRIWORLD INVESTMENTS INC.
2921 Federal Highway
Boynton Beach, Florida
33435

2. If Address in Block 1 is incorrect in any way, enter the correct address below. The NAME of the corporation can be changed only by filing an amendment.

Address: 2921 Federal Highway
Address: Boynton Beach Fl
City and State:
Zip Code: 33435

3. Date Incorporated or Qualified To Do Business in Florida: 7/31/97

4. FEI Number: 65-0771146

FEI Number Applied For

5. $8.75 Additional Fee Required for a Certificate of Status

CERTIFICATE OF STATUS DESIRED [ ]

REINSTATEMENT 03-09

6. Names and Street Addresses of Each Officer and/or Director

1 Title	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 and State
D/P	ATIF SIDDIQU FATTAH	2921 Federal Highway	Boynton Beach Fl 33435
D/VP	FOZAN Siddiqu	2921 Federal Highway	Boynton Beach Fl 33435

000126012588--2
-03/11/99--01072--011
*****61.25 *****00.00
000126012588--2
-03/11/99--01072--012
******8.75 ******8.75

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

ATIF SIDDIQU FATTAH
1201 SW 12th Avenue
Boca Raton Fl. 33486

8. Name and Address of New Registered Agent and/or Office

Name: ATIF SIDDIQU FATTAH
Street Address (Do NOT Use P.O. Box Number): 2921 Federal Highway
Street Address (Do NOT Use P.O. Box Number):
City and State: Boynton Beach FL. Zip: 33435

CR2E040 (8/92)

9. 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 (X) _____ REGISTERED AGENT MUST SIGN

Date 3/4/99

10. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box [X] 03-10-99 (See other side for additional information.)

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes [X] 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., and that all fees owed by the corporation have been paid. 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 of Officer or Director (X) _____

Date 3/4/99

Daytime Phone # (561) 738-0078

Typed or printed name of signing officer or director ATIF Siddiqu FATTAH President