PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR [redacted]

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

98-99AR

FILED
99 JAN 14 PM 12:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000073906

1. Corporation Name

FLORIDA TOURIST ENTERPRISES, INC.

Principal Place of Business	Mailing Address
5811 NW 17TH PLACE APT. N SUNRISE FL 33313	5811 NW 17TH PLACE APT. N SUNRISE FL 33313

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
Suite, Apt. #, etc.: 2430 NW 64 TER.	Suite, Apt. #, etc.: 2430 NW 64 TER.
City & State: SUNRISE FLORIDA	City & State: SUNRISE FLORIDA
Zip: 33313 Country: BROWARD	Zip: 33313 Country: BROWARD

4. Date Incorporated or Qualified To Do Business in Florida: 08/26/1997

5. FEI Number: [X] 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
PTSD	MOHAMMAD, SIDDIQUE	5811 NW 17TH PLACE	SUNRISE FL 33313
VP	MOHAMMAD, SIDDIQUE	5811 NW 17TH PLACE	SUNRISE FL 33313
			300002747843--4 -01/20/99--01064--008 ****300.00 ****300.00
		TS 1/14/99 98-99AR	

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
TILLEM, SCOTT E 10 FAIRWAY DRIVE SUITE 219 DEERFIELD BEACH FL 33441	Name: MOHAMMAD, SIDDIQUE Street Address (P.O. Box Number is Not Acceptable): 243 NW 64 TER. Suite, Apt. #, Etc.: City: SUNRISE. State: FL Zip Code: 33313

(1996) 040E2CR

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: Smakd MOHAMMAD, SIDDIQUE. Date: 1.10.99
REGISTERED AGENT MUST SIGN

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: Smakd MOHAMMAD, SIDDIQUE (PRESIDENT) 1.10.99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

(954) 739-4800
Daytime Phone #

005D159 AF

FLORIDA DEPT. OF STATE — DATED 1.10.99

DIVISION OF CORPORATION

P.O. BOX 6327 TALLAHASSEE. FL 32314,

TO WHOM IT MAY CONCERN.

Dear Sir,

In recent Conversation with MR. SHAWN in your office, I was informed That my Corporation "FLORIDA TOURIST ENTERPRISES INC." Was being revoked due to lack of payment for the renewal fee.

Said Corporation was unoperating from its founding date, August 97. Through JAN. 98, As indicated in my Conversation. I explain That I did not received any notice from your office informing about the renewal fee. Therefore it Was agreed That upon mailing the amount due This matter will be resolved.

Please find Enclosed a Cheque amount of $300 Which will Cover the renewal fee Through the upcoming year of 1999.

Thanking you for your kind Consideration

Yours truly,

MOHAMMAD, SIDDIQUE (PRESIDENT)
FLORIDA TOURIST ENTERPRISES INC.
2430 NW 64TER
SUNRISE FL 33313
(954) 739-4800