

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State
DIVISION OF CORPORATIONSSECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 DEC 23 PM 4:34

APPROVED
FILED

DOCUMENT # P97000073906

1. Corporation Name

FLORIDA TOURIST ENTERPRISES, INC.

2. Principal Office Address

5811 NW 17TH PLACE

Suite, Apt. #, etc.

APT. N

City & State

SUNRISE FLORIDA

Zip

33313

County

BROWARD

3. Mailing Office Address

2430 NW 64 TER.

Suite, Apt. #, etc.

City & State

SUNRISE FLORIDA

Zip

33313

County

BROWARD

4. Date Incorporated or Qualified
To Do Business in Florida

08-26-1997

5. FBI Number

65-0776418

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

MOHAMMAD, SIDDIQUE (PRESIDENT)

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

2430 NW 64 TER.

Suite, Apt. #, Etc.

City

SUNRISE

State

FL

Zip Code

33313

8. By 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

Date 12.10.02

REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City/State/Zip
PTSD	SIDDIQUE MOHAMMAD	2430 NW 64 TER. SUNRISE FL. 33313	SUNRISE FL.

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 taxes 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)(c), F.S. The information contained on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

MOHAMMAD, SIDDIQUE (PRESIDENT)

12.10.02 (954) 739-4800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day and Phone #

Florida Tourist Enterprises, Inc.
#P97000073906

Florida Tourist Enterprises Inc.
2430 NW 64 Terr,
Sunrise Fl. 33313
11.26.02

Florida Department of State Division of Corporations.

Sir/Madam,

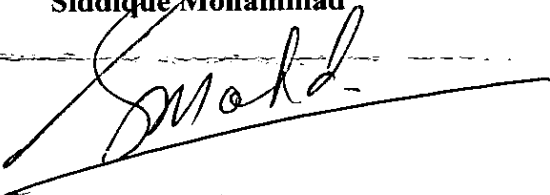
I wish to explain to your department that the reason for not filing for a renewal of the Corporation, is because I did not receive the notice to complete my application.

This is deeply regretted on my part as previous transactions can attest to my regularity in following the procedures.

I sincerely regret the situation and appeal to you for the Reinstatement of my licence, the number being P97000073906

Respectfully

Siddique Mohammad

A handwritten signature in dark ink, appearing to read 'Siddique Mohammad', is written over a horizontal line. The signature is stylized and cursive.