PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

02 DEC 23 PM 4:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
ACCEPTED AND FILED

DOCUMENT # P97000073906

1. Corporation Name
FLORIDA TOURIST ENTERPRISES, INC.

12/13/02 01057 013 #300.00

2. Principal Office Address	3. Mailing Office Address
5811 NW 17TH PLACE	2430 NW 64 TER.
~~Suite, Apt. #, etc.~~ APT. N	~~Suite, Apt. #, etc.~~
City & State: SUNRISE FLORIDA	City & State: SUNRISE FLORIDA
Zip: 33313 County: BROWARD	Zip: 33313 County: BROWARD

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

5. FEI 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. Having been appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: Smohd 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., and 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: Smohd MOHAMMAD, SIDDIQUE (PRESIDENT) 12.10.02 (954)739-4800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime 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 regularlity in following the procedures.

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

Respectfully

Siddique Mohammad