

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

102

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 AUG 26 PM 2:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P9700005446

1. Corporation Name

S & H PRODUCTS & SERVICES INC.

2. Principal Office Address

825 SUNFLOWER CIR

Suite, Apt. #, etc.

City & State

WESTON FL

Zip

33327

Country

U.S.A

3. Mailing Office Address

825 SUNFLOWER CIR

Suite, Apt. #, etc.

City & State

WESTON FL

Zip

33327

Country

USA

REINSTATEMENT 03-04

4. Date Incorporated or Qualified
To Do Business in Florida

1/13/98

5. FEI Number

65-0803760

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

SHAWN KASSIM

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

8731 NW 3RD CT

Suite, Apt. #, Etc.

500040534485

08/26/04--01051--005 **\$8.75

City

FT. LAUDERDALE

State

FL

Zip Code

33324

8. I, 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

[Signature]

REGISTERED AGENT MUST SIGN

Date 8/21/04

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

| Titles | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|----------|--------------------------------------|---|------------------------|
| <u>D</u> | <u>HUMA, KASSIM, A</u> | <u>825 SUNFLOWER CIR</u> | <u>WESTON FL 33327</u> |
| <u>M</u> | <u>ASIM, ASKARI, Z</u> | <u>825 SUNFLOWER CIR</u> | <u>WESTON FL 33327</u> |
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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 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

[Signature] HUMA KASSIM A

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/21/04


Date

954-3060786

Daytime Phone #

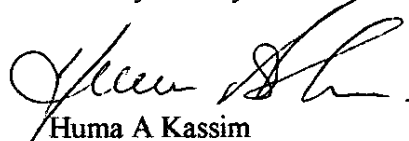
CP2E001 (01/04)

2052


August 24, 2004

Dear Sir/Madam,

This is a request for a waiver for the fees. I did not receive The Annual Report due to Several Address changes within one year period last year. If you need any documents to verify please feel free to contact me at (754) 423-4923.
Thank you for your time


Huma A Kassim