

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
**99-01**  
 REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
 Katherine Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 APR 27 AM 8:20

DOCUMENT # P97000106206

1. Corporation Name

CHAMOUN LAND, INC.

Principal Place of Business      Mailing Address  
 5200 Town Center Cir.      5200 Town Center Cir.  
 Suite 301      Suite 301  
 Boca Raton, FL 33486      Boca Raton, FL 33486

300004194649--3  
-05/11/01--01006--008  
\*\*\*\*450.00 \*\*\*\*450.00

~~REINSTATEMENT~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable 9050 NW 27 Avenue Suite, Apt. #, etc.		3. New Mailing Office Address, If Applicable 9050 NW 27 Avenue Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida 12/18/97	
City & State Miami, FL		City & State Miami, FL		5. FEI Number 65-0804814-	
Zip 33147		Country Dade		Applied For Not Applicable	
Zip 33147		Country Dade		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <b>SB75 Additional Fees/Requirements for a Certificate of Status</b>	

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
P	Maha Mourad	1072 SW 156 Terrace	Pembroke Pines, FL 33027
VP	Fadi Chamoun	761 Laurel Lane East	Pembroke Pines, FL 33027
Sec.	Fares Chamoun	761 Laurel Lane East	Pembroke Pines, FL 33027
Tres.	Bassam Mourad	1072 SW 156 Terrace	Pembroke Pines, FL 33027

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Lloyd Granet,  
5200 Town Center Circle #301  
Boca Raton, FL 33486

Name  
Lloyd Granet (change of address only)  
 Street Address (P.O. Box Number is Not Acceptable)  
1900 NW Corporate Blvd., Suite 100 W.  
 Suite, Apt. #, Etc.  
Suite 100 West Building  
 City  
Boca Raton      State FL      Zip Code 33431

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

REGISTERED AGENT MUST SIGN

Date

11. This corporation owes 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, 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:

Maha Mourad, Pres.

Date

Daytime Phone #

3/23/01 305-694-0000