

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ATX1

**CORPORATION  
REINSTATEMENT**

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

FILED  
03 FEB 11 AM 11:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P98000014847 2000/2001/2002/2003

1. Corporation Name

BUSHRA, INC

2. Principal Office Address

3190 MEADOW RD

Suite, Apt. #, etc.

3190

City & State

PALM SPRINGS, FLORIDA

Zip

Country

33406

USA

3. Mailing Office Address

3190 MEADOW RD

Suite, Apt. #, etc.

3190

City & State

PALM SPRINGS, FLORIDA

Zip

Country

33406

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

2/13/1998

5. FEI Number

65-0827571

Applied for

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.76 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

MAHMOUD AMMAR

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

3190 MEADOW RD

Suite, Apt. #, Etc.

3190

City

PALM SPRINGS,

State  
FL

Zip Code

33406

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 2/3/2003

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

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / Street / Zip         |
|--------|--------------------------------------|---|-----------------------------|
| P      | MAHMOUD, AMMAR                       | 3190 MEADOW RD                                    | PALM SPRINGS, FLORIDA 33406 |
| D      | IQNAIS, ADNAN                        | 3190 MEADOW RD                                    | PALM SPRINGS, FLORIDA 33406 |
|        |                                      |   |                             |
|        |                                      |   |                             |
|        |                                      |   |                             |
|        |                                      |   |                             |

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]* mahmoud Ammar

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 2/3/2003

561-641-3010

Date

Daytime Phone #