

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

00 NOV 29 PM 12:04

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT

1. Corporation Name

CS Corporation #101

2. Principal Office Address

340 SW 6th Street

Suite, Apt. #, etc.

N/A

City & State

Belle Glade, Florida

Zip

33430

Country

United States

3. Mailing Office Address

340 SW 6th Street

Suite, Apt. #, etc.

N/A

City & State

Belle Glade, Florida

Zip

33430

Country

United States

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

March 5, 1998

5. FEI Number

65-0816554

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒\$8.75 Additional Fee required
for a Certificate of Status7. Name and Address of ~~Current~~ Registered Agent

Name

Shah M. Ahsanullah

NEW

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

640 SW 16th Street

Suite, Apt. #, Etc.

N/A

City

Belle Glade

State
FLZip Code
33430

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

REGISTERED AGENT MUST SIGN

Date 11/28/00

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
PSTD	Shah M. Ahsanullah	640 SW 16th Street	Belle Glade, FL 33430

KE

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

SHAH, AHSANULLAH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/28/00

Daytime Phone #

561-996-0130