## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

			<b>7</b>		
CORPORATION	Kathe	ARTMENT OF STATI Build Harris Liry of State . CORPORATIONS	32		_ED 3 PH12: 54
DOCUMENT # P98	-00002	8130		SECTO-FINA	RY OF STATE. SEE: FLORIDA
JAMELI, 11	<b>√</b> C.			50000450 -08/29/0	62 <b>4461</b> 101006012 .00 ****300.00
2. Principal Office Address  1/87 KA 551K CIR	3. Mailing Office Ad	dress	_	5 <b>000045</b> 1 -08/29/0	624461 101006013 .75 ******8.75
Suite, Apt. #, etc.	Suite, Apt. #, etc.	72		porated or Qualified	26 1990
City & State  ORIA~VO, Florior  Zip  Country  32824 Country  Country	City & State  Flore		5. FEI Numbe	or	3 - 25 -/998 Applied For - Not Applicable
32824 Country USA-	Zip	Country	6. CERTIFICATE	OF STATUS DESIRED	\$8.75 Additional Fee required for a Certificate of Status
Name  Mahaman  Street Address (P.O. Box Number  Sulta, Apt. #, Etc.  City  City  Registered Agent  Mahaman  Mahaman  Signature of Registered Agent of the	ELISIS is Not Acceptable) SSIK CIR		LS	State Zip Code	.s.
9. Names and Street Addresses of Each Office	REGISTERED AGENT MU		it least 3 directors)		
Titles Name of Officers and/or Direct	· · · · · · · · · · · · · · · · · · ·	Street Address of Each Officer and/or Director		City / State / Zip	
PRIM JAMIL EL	15/3.	2419 DRAMAR EN.		KISSIMMEE, Floring 34743	
V /SEE MOHAMMAU	2/15.15 4	67 KASSI	cel	OP (AVO	Fd 32824
10. I certify that I am an officer or director or the this reinstatement application, the reison for owed by the corporation have been pid and	dissolution has been elimina	ted, the corporate name satis	fles the requirements	of section 607.0401 or 617	7.0401, F.S., that all fees