

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAR -5 AM 11:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 980000 33247

1. Corporation Name

CARPE DIEM ADVENTURES Inc.

2. Principal Office Address

250 E palm Drive

Suite, Apt. #, etc.

Florida city, FL

City & State

FL

Zip

33034

Country

miami-Dade

3. Mailing Office Address

250 E palm Drive

Suite, Apt. #, etc.

Florida city, FL

City & State

FL

Zip

33034

Country

miami-Dade

4. Date Incorporated or Qualified
To Do Business in Florida

04/09/1998

5. FEI Number

65-0831752

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

HASAN M. ZAHRAN

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

1635 NW 9st

Suite, Apt. #, Etc.

Homestead

City

State

FL

Zip Code

33030

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 03/01/04

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
P	Hasan M. Zahran	1635 NW 9st	Homestead, FL 33030

900029964469
03/05/04--01068--017 **8.75

REINSTATEMENT 03-04

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

03/01/04 305-248.1993

Daytime Phone #

CR2E081 (01/04)