

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

04 JAN 28 PM 2:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 99=04

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 9980000 99801

1. Corporation Name
AGAKAN INC

2. Principal Office Address <u>H9 Ne 2nd Ave</u> Suite, Apt. #, etc.		3. Mailing Office Address <u>H9 NE 2nd Ave</u> Suite, Apt. #, etc.	
City & State <u>Miami FL</u>		City & State <u>Miami, FL</u>	
Zip <u>33132</u>	Country <u>DADE</u>	Zip <u>33132</u>	Country <u>DADE</u>

4. Date Incorporated or Qualified To Do Business in Florida 10/98

5. FEI Number 65-0871841 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$0.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name SAVASKAN OMER

Street Address (P.O. Box Number is Not Acceptable)
H9 NE 2nd Ave 300027703673

Suite, Apt. #, Etc. 01728704--01004--015 **150.00

City Miami State FL Zip Code 33132

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] Date 1/23/04

REGISTERED AGENT MUST SIGN

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
<u>VT</u>	<u>MEHMET ARAOGLU</u>	<u>H9 NE 2nd Ave</u>	<u>Miami FL 33132</u>

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: MEHMET ARAOGLU [Signature] Date 1/23/04 Daytime Phone # 305 379 1760

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (10/02)