

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
04 OCT 15 PM 1:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P 98000098549

1. Corporation Name

ONE THOUSAND NIGHTS & A DAY, INC.

REINSTATEMENT 02-04

2. Principal Office Address

7606 NW 17 AVE

Suite, Apt. #, etc.

City & State

MIAMI - FLORIDA

Zip

33147

Country

US

3. Mailing Office Address

5190 NW 167 ST

Suite, Apt. #, etc.

# 111

City & State

MIAMI - FLORIDA

Zip

33014

Country

US

4. Date Incorporated or Qualified  
To Do Business in Florida

11/24/1998

5. FEI Number

65-0881267

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

SHOMAR, JOSEPH

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

17439 NW 66 COURT

Suite, Apt. #, Etc.

City

MIAMI

State  
FL

Zip Code

33015

000041904350  
10/15/04--01070--010 \*\*\*450.00

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

10/08/04

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
PST	TAWIL, MAHMOUD Z	15 N.E 156 ST	MIAMI - FLA, 33169
D	ZAID, Loly A	15701 NW 2 DV	MIAMI - FLA 33169

*[Signature]*

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/08/04

Daytime Phone #

CR2E081 (07/04)

Miami, 10/08/2004

To: Division of Corporations.

Subject: One Thousand Nights & a Day , inc.

Dear sir,

As per conversation with your Department enclosed find my Reinstatement form, as discussed, for the years 2002,2003 and 2004 and applicable fees of \$450.00, due that I never received the annual reports and my company was dissolved without prior notice due you had the wrong address, please re-instate my company asap.

Sincerely Yours truly,



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Tawil, Mahmoud Z  
President