

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
CLERK OF STATE  
DIVISION OF CORPORATIONS

03 JAN -2 PM 1:47

DOCUMENT # P99000010808

1. Corporation Name  
BROADWAY ENTERPRISE, INC.

Principal Place of Business  
4117 BROADWAY AVE.  
WEST PALM BEACH FL 33407

Mailing Address  
4117 BROADWAY AVE.  
WEST PALM BEACH FL 33407

**REINSTATEMENT** 02

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

|  |  |  |  |   |  |
|--|--|--|--|---|--|
| 2. New Principal Office Address, if Applicable |  | 3. New Mailing Office Address, if Applicable |  | 4. Date Incorporated or Qualified To Do Business in Florida |  |
| Suite, Apt. #, etc.                            |  | Suite, Apt. #, etc.                          |  | 02/03/1999  |  |
| City & State                                   |  | City & State                                 |  | 5. FEI Number   |  |
| Zip  |  | Zip  |  | 65-0894378  |  |
| Country  |  | Country                                      |  | Applied For   |  |
|  |  |  |  | Not Applicable  |  |

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director | 4 City / State / Zip     |
|------------|-------------------------------------|--|--------------------------|
| D          | SALEM ALI, OHOOD                    | 1140 GATOR TRAIL                                 | WEST PALM BEACH FL 33409 |
|            |                                     |  |                          |
|            |                                     |  |                          |
|            |                                     |  |                          |

800008830438  
11/06/02--01080--012 \*\*750.00

8. Name and Address of Current Registered Agent

SALEM ALI, OHOOD  
4117 BROADWAY AVE.  
WEST PALM BEACH FL 33407

9. Name and Address of New Registered Agent

|  |
|--|
| Name   |
| Street Address (P.O. Box Number is Not Acceptable) |
| Suite, Apt. #, Etc.                                |
| City   |
| State <b>FL</b> Zip Code                           |

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent *Ohood Salem* **SIGNATURE REQUIRED** Date 12.27.02  
REGISTERED AGENT MUST SIGN

11. 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: *Wahid S. Midaravi* 11-5-2002  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (902)