

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
RESTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 SEP -4 PM 2:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PP9000060507
1. Corporation Name
PARRAMORES BEST INC.

2. Principal Office Address
648 W WASHINGTON ST
Suite, Apt. #, etc.
City & State
ORLANDO, FL
Zip
32801 Country
ORANGE

3. Mailing Office Address
Suite, Apt. #, etc.
City & State
Zip Country

REINSTATEMENT 2001

4. Date Incorporated or Qualified
To Do Business in Florida 7-7-99
5. FEI Number
593605279 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 800004575658--4

Name
MARWAN AL-FARWAN
Street Address (P.O. Box Number is Not Acceptable)
10228 RIVERS TR. DR.
Suite, Apt. #, Etc.
City
ORLANDO State
FL Zip Code
32817

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 MARWAN AL-FARWAN Date 8-27-01
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>PRES</u>	<u>MARWAN AL-FARWAN</u>	<u>10228 RIVERS TR. DR.</u>	<u>ORLANDO, FL 32817</u>
			<u>800004575658--4</u> <u>-09/07/01--01099--007</u> <u>****500.00 ****500.00</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: MARWAN AL-FARWAN Date 8-27-01 (407) 282-9000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR20081 (9/00)