

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

02 OCT 22 AM 10:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

P99000066872

1. Corporation Name

Al Noor International, Inc.

2. Principal Office Address

1816 Flagler Ave.

3. Mailing Office Address

1816 Flagler Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Key West, Florida

City & State

Key West, Florida

Zip

33040

Country

USA

Zip

33040

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

7/28/99

5. FEI Number

65-0936382

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT 02

7. Name and Address of Current Registered Agent

Name

Mohammad Babar

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

1816 Flagler Ave.

Suite, Apt. #, Etc.

City

Key West, Florida

State

FL

Zip Code

33040

300008519203  
10/22/02--01103--001 \*\*750.00

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

X M. Babar

REGISTERED AGENT MUST SIGN

Date

X 10/15/02

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
PDS	Mohammad Babar	1816 Flagler Ave.	Key West / FL / 33040

300008519203  
10/22/02--01103--002 \*\*150.00

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:

X M. Babar President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 10/15/02

Date

X 3052950350  
Daytime Phone #

CR2E081 (8/01)

js 10/24/02

10/17/02

Dept of state  
Division of Corporations

RE: TO WAIVE THE PENELTY

Sir,

Due to not received an application  
or ~~misplaced~~ we <sup>were not</sup> ~~unable~~ able to  
Renew the Corporation on time,  
so please take our request to  
waive any kind of penalty ~~as you~~  
occured this time. we will  
appreciate your consideration and  
also we are attaching two  
checks one with penalty and the  
~~other~~ other is without penalty.

Thank you.

M. Babar

Al Noor International  
Mohamed Babar