

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 APR -3 PM 12: 50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000069501

1. Corporation Name

South Florida Fidelity, Inc.

2. Principal Office Address

650 NE 88th Terrace

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33138

Country

USA

3. Mailing Office Address

650 NE 88th Terrace

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33138

Country

USA

REINSTATEMENT 0-01

4. Date Incorporated or Qualified To Do Business in Florida

SP

5. FEI Number

31-164-0071

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

Mohamed Ibrahim

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

650 NE 88th Terrace

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33138

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****900.00 ****900.00

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

REGISTERED AGENT MUST SIGN

Mohamed Ibrahim

Date 2-19-01

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
PRES.	Ibrahim, Mohamed	650 NE 88th Terrace	Miami, FL 33138
DIRECTOR	il	il	il

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:

Mohamed Ibrahim

2/19/01

Date

Daytime Phone #

CR2E081 (9/00)