

11/04/2003 15:12 FAX 407 4231831

DEAN MEAD ORLANDO

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000071648
1. Corporation Name
ZOHRA, INC. V.

2. Principal Office Address
1801 Tallokas Ave
Suite, Apt. #, etc.

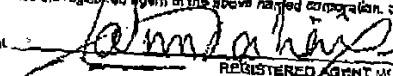
3. Mailing Office Address
1901 Tallokas Ave
Suite, Apt. #, etc.

City & State
Orlando, FL
Zip
32805
Country
US

City & State
Orlando, FL
Zip
32805
Country
US

4. Date Incorporated or Qualified To Do Business in Florida
08/06/1999
5. FBI Number
59-3587931
6. CERTIFICATE OF STATUS DESIRED **REINSTATEMENT**
Applied For Not Applicable


7. Name and Address of Current Registered Agent
Name
Salim Valiani
Street Address (P.O. Box Number is Not Acceptable)
1901 Tallokas Ave
Suite, Apt. #, Etc.
City
Orlando
State
FL
Zip Code
32805

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
Date
11/03/03

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Salim Valiani	1901 Tallokas Ave	Orlando, FL 32805

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 taxes 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 furnished on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE

DATE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
11/03/03
Date
407-620-2416
Daytime Phone #

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Division of Corporations

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0384

From:

Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH, P.A.
Account Number : 076077001702 *CAM MATTHEWS*
Phone : (407) 841-1200
Fax Number : (407) 423-1831

CORPORATION REINSTATEMENT

ZOHRA, INC. V.

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