

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.

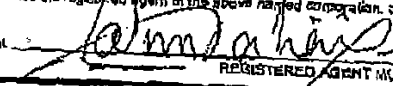
City & State  
**Orlando, FL**  
Zip  
**32805**  
Country  
**US**

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

**REINSTATEMENT** 02-03


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 Date **11/03/03** Daytime Phone # **407-620-2416**

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Division of Corporations

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11/04/2003

Florida Department of State  
Division of Corporations  
Public Access System

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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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