	INICTELLATIONS REFORE	COMPLETING THIS FORM.
FLEAGE DEAD ALL		COM LETING HID CHIM

FOR	A DEPARTMENT OF STATE  Katherine Harris  Secretary of State  VISION OF CORPORATIONS	FI	ED		
Div	01 NOV 13 PM 3: 44				
DOCUMENT # P990007179	SECRETARY OF STATE TALLAHASSEE, FLORIDA				
A&I UNIT CORPORATION		Mar			
Principal Place of Business Mailing Addr	ress	MAN			
HOLLYWOOD EL 33024	67. FL 33024				
If above addresses are incorrect in any way, line through incorrect in	nformation and enter correction below	REINSTATEME	NT 2001		
New Principal Office Address, If Applicable     3. New Maili	Date Incorporated or Qualified     To Do Business in Florida	8/09/1999			
Suite, Apt. #, etc. Howar Blushite, Apt. #, etc. Howar Blus. FEI Number 65-0042400 Applied For			Applied For Not Applicable		
Zip 2201 el Couptry Nown Zip 2000	COURT PCF	6. CERTIFICATE OF STATUS DESIRED	8.75 Additional Fee required for a Certificate of Status		
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title(s) Name of Officers and/or Directors	Street Address of Eacl Officer and/or Directo		State / Zip		
PD UMAR, IBRAHIM  6731 ALLEN ST. 10400 SW 310 1 HEALTWOOD FE 33024  COMMO C 104 TEA 333 1/2					
VSTD RIVUI, SHAMSA 1055 N.E. 172ND TERR. N. MIAMI BEACH FL 33162					
5000047332858 -12/19/0101067004					
·		****750,00	<del>*****(3U*UU</del>		
Name and Address of Current Registered Age	ent	9. Name and Address of New Registered	d Agent		
Name			(8/01)		
UMAR, IBRAHIM  Street Add  6731 ALLEN ST.		ess (P.O. Box Number is Not Acceptable)			
HOLLYWOOD FL 33024	).	8			
City Coopa CITY - FL Zip Code 3334					
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.					
Signature of Registered Agent Date UNO Date					
11. 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 apt accurate, and my signature shall have the same legal effect as if made under oath.					
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Date  Daylime Phone #					