PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

FLORIDA DEPARTMENT OF STATE

Katherine Harris

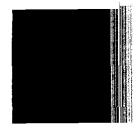
Secretary of State

CORPORATION

REINSTATEMENT

	1		DIVISION	OF CC	RPORATIONS		01 N	DV -8 PM 4:21	7	
_	JMENT tion Name	# P990000° Ajbek, I		SECRETARY OF STATE TALLAHASSEE, FLORIDA						
2. Principa	l Office Addre	59	3. Mailing Office	5						
10160	W.Oak	land Pk Blvd	10160 W	akland Par	k Ilvd.					
Suite, Apt. #	i, etc.		Suite, Apt. #, etc.			4. Data incom	orated or	Qualified		
City & State	· · · · · · · · · · · · · · · · · · ·	•	City & State			To Do Bus	iness in Fk	orida 8/20/0)1	
Sunrise			Sunrise			5FEI Numbe		0947295	Applied For Not Applica	
^{Zip} 3331	5	Country USA	Zip 33315	į	Country USA	6. CERTIFICATI	OF STATU		ditional Fee requertificate of State	uired
	T		7. Name	and A	dress of Current Rec	istered Agent				
	Name Bekir Gesoglu									
		ress (P.O. Box Number is No	Acceptable)					0047064 -12/05/01010	<u>50</u>	5
	Suite, Apt.	852 NW 94th . #.Etc.	Avenue						<u>15 (</u> 110 (:***150.0	00
	City	Tantation	<u> </u>		<u></u>	•	State	Zip Code 33322	7	
R. I beina		Lantation registered agent of the above	e named completio	er\om fo	emilier with and accept	the obligations of sect				i ĝ
Signature of Registered	f	· .	GISTERED AGENT				Date			CR2E081 (9/00)
9. Names	and Street Ad	dresses of Each Officer and	/or Director (Florida	nonprof	it corporations must list	at least 3 directors)				
Titles		Name of Officers and/or Directors	Street Address of Ea Officer and/or Direct				City / State / Zip			
PD	Bekir	Gesoglu	1	1852 NW 94th Ave			Plantation, FL 33322			
		/								
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								!		_
	***							m	W	
this rel	nstatement ap by the corporat application is	officer or director or the receiplication, the reason for dissettion have been paid and the requested and accurate, and my signal of the paid and th	olution has been elin names of individuals ignature shall have th	minated, listed o he same	the corporate name sa n this form do not qualif e legal effect as if made Bekir Ge	tisfies the requirement y for an exemption und under oath.	s of section der section	1 607.0401 or 617.0401, F 119.07(3)(i), F.S. The info	.s., that all fees rmation indicate	
	SI	GNATURE AND TYPED OR PRI	INTED NAME OF SIGN	ING OFF	ICER OR DIRECTOR		Date	Daytime Pi	ione #	1

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Ajbek, Inc. 10160 West Oakland Park Boulevard

Sunrise, Florida 33315-6963

October 22, 2001

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: Reinstatement P99000074723

Gentlemen:

Last year we moved to the above address and did not receive our renewal notice.

Enclosed please find our \$150 fee renewal fee. We herewith request that you waive the penalty for failure to timely file our 2001 Corporate Annual Report.

Very truly yours

Bekir Gesoglu