PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING, THIS FORM. **APPLICATION** FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris • *

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT# P99000077281

1. Corporation Name

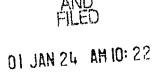
AL SAIF INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

203 UNIVERSITY DRIVE

203 UNIVERSITY DRIVE



SECRETARY OF STATE TALLAHASSEE, FLORIDA

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CORAL GABLES FL 33134			CORAL GABLES FL 33134			1,000,000,710,000,000,000,000,000,000,00						
If above addresses are incorrect in any way, line through incorrect information and enter correction below.								REINSTATEMENT 2000				
New Principal Office Address, If Applicable New Mailing Office Address, If Applicable						licable	Date Incorporated or Qualified To Do Business in Florida					
Suite, Apt.	#, etc.		, etc.			ł	-	08/30	0/1999			
City & State	9		City & State	City & State			5:-FEI Number 65-0943892 Applied For Not Applicable					
Zip Country			Zip Country				6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status				e required f Status	
7. Names	and Street Ad	dresses of Each Officer and/	or Director (Flo	rida nonprof	fit corporations	s must list at lea	st 3 directors)					
Title(s)				Stre Offi				Cit	y / State /	Zip		
PD	AZIZ, NELOFAR			13701-E SW 84 ST.				MIAMI FL 33183		1. 1		
VD	MIRZA, AZIM ,				865 NE 179 TE			N MIAMI BEACH F	L 33162			
SD	SD GHANI, SYED JAWED				13701-E SW 84 ST.			MIAMI FL 33183				
								900035542794 -02/06/0101079016 ****750.00 ****750.00				
8. Name and Address of Current Registered Agent Name							9. Name and Address of New Registered Agent					
AZIZ, NELOFAR 13701-E SW 84 ST.							(P.O. Box Number is Not Acceptable)					
MIAMI FL 33183						Suite, Apt. #, Etc.						
			<u> </u>	·	Ci	·			State Zi	p Code		
10. I, being Signature of Registered	 ن ا	e registered agent of the abo	YURE GISTERED AG	RE	QUII		ligations of Section		7	200		
this rein owed by	statement app the corporati	officer or director or the receivolication, the reason for dissonion have been paid and the nure and accurate, and my sig	lution has been names of individ	eliminated, uats listed o	the corporate in this form do	name satisfies to not qualify for a	the requirements an exemption und	of section 607.0401 or 6	17.0401,	F.S., that all	fees	