PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORAT REINSTATEM	(200 SE 14 FE 2	_	TMENT OF STA y of State orporations		BOCT -2 PM 1:50 ECRETARY OF STATE LLAHASSEE FLORIDA		
DOCUMENT # P9900093303 1. Corporation Name Zaidan, In (. 5428 Cleveland Rd.					TEXTILIA		
· ·							
Jacksonville, FC 32209 2. Principal Office Address 3. Mailing Office Address					nnnoochz7n'	PM:	
5428 cleveland Rd,		Same C		10/0	500023507705 10/02/0301020005 **150.00		
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
					4. Date Incorporated or Qualified To Do Business in Florida		
City & State		City & State			7920[1149]		
Jacksonville, FC. Zip Country 32209 U.S.				5. FEI Numbe	/	pplied For lot Applicable	
Zip 32209	Country U.S.	Zip	Country	6.	\$8.75 Addition	, ,	
7. Name and Address of Current Registered Agent							
Name Zaidan, Retat Street Address (P.O. Box Number is Not Acceptable) 4558 Forest Haven Drive Suite, Apt. #, Etc. City Jacksonvile, FC State Zip Code 52257							
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							
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)							
Titles	Name of		Street Address of Each Officer and/or Director		City / State / Zip		
D Ref	Refat Zaidan		4558 Forest Acrey Or.		Jacksonville, FL	32257	
				-		-	
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 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 and accurate, and my signature shall have the same legal effect as if made under oath. SIGNATURE: Ref 2 03 94-788-212 Paytime Phone #							
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #							

pr 10/2

To: Florida Department of State, Division of Corporation

From: Zaidan, Inc.

Document # P99000093303

Dear Division of Corporations,

This letter is written to inform your department that no correspondence was ever received in 2003 regarding the renewal or the filing of the uniform business report for Zaidan Inc. document number p99000093303. The address on file shows the city as South Florida. Our corporation is located in Jacksonville, Fl. This might have had something to do with the correspondence that was never received.

Than you for your cooperation,

Refat Zaidan, Director