5/1 2000 UNIFORM BUSINESS REPORT (UBR) FILED Jun 16, 2000 8:00 am DOCUMENT # P99000110348 Secretary of State 1. Entity Name PARALEGAL ASSOCIATES OF MARGATE, INC. 05-01-2000 90406 043 \*\*\*150.00 1. 化硫化亚环 Principal Place of Business Mailing Address 14111 OAKRIDGE DR. 14111 OAKRIDGE DR. DAVIE FL 33325 DAVIE FL 33325 3. Mailing Address 2. Principal Place of Business Same DO NOT WRITE IN THIS SPACE Suite, Apt. # etc. Applied For 4. FEI Number City & State City & State 65-096907 Not Applicable \$8.75 Additional Country Country Ζρ 5. Certificate of Status Desired Fee Required . 11/1(+d4) 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ASIF HUSSAIN Street Address (P.O. Box Number is Not Acceptable) KHAN, FARHAT 14111 DAKRIDGE DR. DAVIE FL 33325 City DAVIE 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE Stered Agent signature required when reinstating Signature, typed or printed name of registered agent and title if ap FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing-**≤\$5:00** May Be<sup>-</sup> Tax filing:requirement and elects to do so -After MAY-1:2000 Fee wilk be \$550:00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (9/99) PRESIDENT ☐ Change ☐ Delete TITLE TITLE ASIF HUSSAIN KHAN, FARHAT NAME NAME 14111 OAKRIDGE DRIVE STREET ADORESS STREET ADDRESS 14111 OAKRIDGE DR. DAVIE FL 33325 CITY-ST-ZIP CITY-ST-ZIP DAVIE FL 33325 ☐ Addition ☐ Change IME Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP \_\_\_\_ Change Addition T Delete:--TITLE TITLE: NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 697, Florida Statutes, and that my name appears in Block 11 or Block 12 if

changed, or on an attachment with an

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

II adone address or lower in spiritude in the state of t	PLEASE READ	ALL INSTRUCTION	S BEFORE C	OMPLET	ING THIS F	ORM.		
DOCUMENT # P99000 110 3 48  Lacygoulder Name  PALEGAL ASSCRATES OF  MINGS ATE  NO  MINGS ATE  N	APPLICATION FLORIDA DEPARTMENT OF STATE  Sandra B. Mortham  Secretary of State				ach 3	06 401		
MARGATE INC  MARGATE INC  Maling Address  (H1111 O AKRIPGE DRUE  D AVIE   FL 33325  Il above addresses are accorded in any way like through incorded information and enter correction below.  The Principal Officer Actives. In Applicable  Suite, Apr. 4, etc.  Suite, Apr. 5, etc.  Suite, Apr. 6, etc.  Suite, Apr. 6, etc.  Suite, Apr. 7, etc.  Suite, Apr. 7, etc.  Suite, Apr. 7, etc.  Suite, Apr. 8, etc.  Suit	DOCUMENT # P99000 110348  1. Corporation Name  1. Corporation Name							
If above addresses are incorrect in any way, the through incorrect information and enter correction below.  If the proper differ Address, if Applicable 3. Now Materia, Address, if Applicable 3. Now Materia, Address, if Applicable 4. Death recorporate for Quadred 1. The Quadre						, 1		
If above addresses are incorrect in any way, line through incorrect information and enter correction below.  2. New Principal Officer Address, if Applicable  3. New Making Address, if Applicable  3. New Making Address, if Applicable  4. Date recomposed Charlest In 1145 SPACE  Suite, Apt. 4, etc.  5. FER Norther  Country  Coun	•							
2. New Principal Office Address, if Applicable 3. New Making Address, if Applicable 4. Date Incorporation of Codemies in Fords.  Suite, Act. 4, etc.  Country 20 Country 5. FER Number 6. Carrier, Act and Street Address of Each Officer and/or Director (Florida nonorooft corporations must list all least 3 directors)  Names and Street Address of Each Officer and/or Director (Florida nonorooft corporations must list all least 3 directors)  Names and Address of Current Registered Agent 5. Single Address of Bach 6. City / State / Zip  Residen Asir Hussain 1. Single Address of Bach 6. City / State / Zip  Residen Asir Hussain 1. Single Address of Bach 6. City / State / Zip  Residen Asir Hussain 1. Single Address of Bach 6. City / State / Zip  Residen Asir Hussain 1. Single Address of Bach 6. City / State / Zip  Residen Agent Filth 1. Single Address of Bach 6. City / State / Zip  Residen Agent Filth 1. Single Address of Bach 6. City / State / Zip  And Farthar Hussain 1. Single Address of Bach 6. City / State / Zip  And Farthar Hussain 1. Single Address of Bach 6. City / State / Zip  And Farthar Hussain 1. Single Address of Bach 6. City / State / Zip  And Farthar Hussain 1. Single Address of Bach 6. City / State / Zip  And Farthar Hussain 1. Single Address of Bach 6. City / State / Zip  And Farthar Hussain 1. Single Address of Bach 6. City / State / Zip  And Farthar Hussain 1. Single Address of Bach 6. City / Single Addre	DANIE, FL 33325							
Strate   Country   Zip   Country				Date Incorporated or Qualified				
The country   Ze   Country   Ze   Country   Ceat FICATE OF STATUS DESIRED    Name and Street Addresses of Each Officer and/or Directory   Florida and propriet corporations must stal at least 3 directors)  Street Address of Each Officer and/or Directors   Street Address of Each Officer and/or Directors    Street Address of Status   Ze   Country    Resident   ASIF   HUSSAIN   1411   OAKRUGE   DRUE   DAVIE   FLORICA 33322    PARHAT   KHAN   1411   OAKRUGE   DRUE   DAVIE   FLORICA 33322    FARHAT   KHAN   LIII   OAKRUGE   DRUE   DAVIE   FLORICA 33322    LIII   OAKRUGE   DRUE   Street   Country    Single Address of New Registered Agent   Name   Astronomy    Single Address of New Registered Agent   Name   Astronomy    Single Address of New Registered Agent   Name   Astronomy    Single Address of Country   Street   Country    LIII   OAKRUGE   DRUE   Street   Country    Carry January   Country   Country    REGISTERED AGENT MUST SIGN   Date   Drue    Include of Revenue under S. 199.032, Florida Statutes   Yes   No   See other acide for information on intangible tax)  11. Does this Corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes   Yes   No   See other acide for information on intangible tax)  2. Ido barety certify that the information supplies with this filing is voluntarily turnished and does not qualify for the examption stated in Section 110 07(3)(b) Proids Statutes   Included the objection of the objection of the opposition have been piped. The information of the proposition have been piped. The information of th	Suite, Apt. #, etc.  City & State				96907			
Title(s) 2 and/or Directors 3 Sired Address of Early / State / Zip  RSICAL ASIF HUSSAIN 1411 OAKROGE DRUE DAUTE FLORICA 3332  RESICAL ASIF HUSSAIN 1411 OAKROGE DRUE DAUTE FLORICA 3332  WILLIAM FARHAT KHAN 4111 OAKROGE DRUE DAUTE FLORICA 3332  NAME OF THE STATE OF T				CERTIFICATI	E OF STATUS DESIRE	S8.75 Additional F	ee required of Status	
8. Name and Address of Current Registered Agent  9. Name and Address of New Registered Agent  1. Name Address of New Re	Name of Officers Street Address of Each Title(s) and/or Directors Officer and/or Director			1	4	City / State / Zip		
8. Name and Address of Current Registered Agent  PARHAT  HANN  Street Address (P.O. Box Number is Not Acceptable)  U(1) OAKRUGE DRUE  DAUE  THE SUIZ ADI. * (EC. City DAUE  City DAUE  FL 33325  O. I. being appointed the registered agent of the above affect of particular and accept the obligations of Section 607.0505 F.S. state  Registered Agent  REGISTERED AGENT MUST SIGN  11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangicle tax)  12. Lob network of Corporation tom any lise with in the fine in sometime of the control of th	Preside ASIF HUSSAIN 14111 OAKRIDGE I				DAUTE	FLORIA	33325	
Street Address IP.O. Box Number is Not Acceptable)  DAVIE FL 33325  O. I. being appointed the registered agent of this above ramed contrastion, am familiar with and accept the obligations of Section 607.0505. F.S.  Signature of Registered Agent  REGISTERED AGENT MUST SIGN  11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax)  2. I do hereby certify that the information supplied with this filing is voluntarily turnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an office or director or the receiver or trustee empowered to execute this application as provided for in chapter 60? or 617, F.S. I further certify that when filing into reinstatement application fine reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S. and that all under oath.  SIGNATURE:	DWELON FARHAT KHAN 14111 OAKRIPGE			DRIVE	DAVIE	FL 333	277	
Street Address IP.O. Box Number is Not Acceptable)  DAVIE FL 33325  O. I. being appointed the registered agent of this above ramed contrastion, am familiar with and accept the obligations of Section 607.0505. F.S.  Signature of Registered Agent  REGISTERED AGENT MUST SIGN  11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax)  2. I do hereby certify that the information supplied with this filing is voluntarily turnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an office or director or the receiver or trustee empowered to execute this application as provided for in chapter 60? or 617, F.S. I further certify that when filing into reinstatement application fine reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S. and that all under oath.  SIGNATURE:	1					<del></del>		
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Street Address (P.O. Box Number is Not Acceptable)  Suite April F. Etc.	8. Name and Address of Current R	legistered Agent	(	9. Name and A	Address of New Re	gistered Agent		
City DAVIE  City DAVIE  State  State  Zip Code  FL  33325  O. I. being appointed the registered agent of the above named contration, am familiar with and accept the obligations of Section 607.0505. F.S.  Signature of Registered Agent  REGISTERED AGENT MUST SIGN  Date  Date  See other side for information on intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No  No  See other side for information on intangible tax.)  2. I do hereby certify that the information supplied with this filing is voluntarily turnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 filling 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. and that all fees owed by the corporation have been paid. 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:	FARHAT KHAN				LITAZZI		100	
City DAVIE  State    State   Zip Code   FL   33325	WIII DAKRIGGE DRIVE				KINGE [	XIVE		
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