PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	PRATION ATEMENT		Se	EPARTMEN ecretary of S			03 SEP 2	JED 19 PM 3:41	
DOCUM 1. Corporation N		523	330	·			TALLAMA	ARY OF STATE SSEE. FLORIDA	
<u>}</u>	SA	JIDA	INC						
2. Principal Office 5050 Suite, Apt. #, etc.	NW 8	3rdLN.	3. Mailing Office Address 5050 NW 837d Land Suite, Apt. #, etc.			4. Date Incorporated or Qualified			
City & State	<u> </u>	· u = 2 :	City. & State: -		. >	To Do Busi	ness in Florida	fied JAN, 8	7991
COR1	AL SPI Country	2 INGS	CORAL	S PRING	s, fL.	***	0234		Applied For Not Applicable
3.3606	7 331		3306		. s . A	6. CERTIFICATE	OF STATUS DES	SIRED S8.75 Addi	tional Fee required
No	ıme	74.	7. Nar	ne and Address	of Current Register	ed Agent	_		_
NADER JUNAID Street Address (P.O. Box Number is Not Acceptable) 5050 NW 83rl Lane, Suite, Apt. #, Etc. City CORAL SPRINGS, State Zip Code FL 33067									
8. I, being appoint Signature of Registered Agent		ader J			vith and accept the ol	oligations of section	ол 607.0505 or Date	617.0503, F.S. 9/25/1	2
9. Names and S	Street Addresses o	f Each Officer and	or Director (Florid	la nonprofit corpo	rations must list at le	ast 3 directors)			
Titles	Officers	Street Address of Each Officer and/or Director					City / State / Zip		
P- J	WADER	JUNA	ID	50 50	NWSBY	'd lane	Coral	SPRINGS	FL,3306
V S	AJIDA	JUNA:	ID	AS ABOVE					
5 4	aman J	UNAID			AS ABO	ve.	,		
	".						<u>-</u>		
this reinstate owed by the	ment application, the corporation have be cation is true and action is true.	ne reason for disso een paid and the r occurate, and my signal.	plution has been ellames of individual gnature shall have	iminated, the con Is listed on this fo the same legal e	oorate name satisfies m do not qualify for a ffect as if made unde	the requirements an exemption unde	of section 607. er section 119.0	F.S. I further certify the 10401 or 617.0401, F.S. The inform	., that all fees nation indicated
	SIGNATURE A	OUD TIPED ON PHIL	NTED NAME OF SIG	INITIO OFFICER OF	DITECTOR		Date	'Daytime Phor	10 #