


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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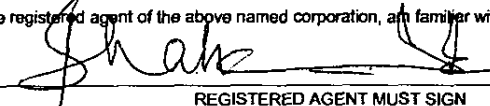
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT** 00-83

<b>CORPORATION REINSTATEMENT</b>  <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # S 27321</b> <b>1. Corporation Name</b> Arisha Properties, Inc.	
<b>2. Principal Office Address</b> 900 E. Vine Street Suite, Apt. #, etc. City & State Kissimmee, FL Zip Country 34744-4551 U.S.A.	<b>3. Mailing Office Address</b> 900 E. Vine Street Suite, Apt. #, etc. City & State Kissimmee, FL Zip Country 34744-4551 U.S.A.

<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 1/09/1991	
<b>5. FEI Number</b> 59-3044209	Applied For Not Applicable
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status.	

<b>7. Name and Address of Current Registered Agent</b> Name Mohamed Mubeen Jumani Street Address (P.O. Box Number is Not Acceptable) 900 E. Vine Street Suite, Apt. #, Etc. City Kissimmee		700025128807 12/01/03--01077--019 **1200 00 State Zip Code FL 34744-4551
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<b>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.</b> Signature of Registered Agent  Date 11-11-03 REGISTERED AGENT MUST SIGN	
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9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	Mohamed Mubeen Jumani	900 E. Vine Street	Kissimmee, FL 34744-4551
VD	Qumar Sultan	900 E. Vine Street	Kissimmee, FL 34744-4551
VP	Faisal M. Jumani	900 E. Vine Street	Kissimmee, FL 34744-4551

<b>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.</b>	
<b>SIGNATURE:</b> Mohamed Mubeen Jumani SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	11/11/03 (407)846-4600 Date Daytime Phone #

CR2081 (10/02)