

**PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM**

APPLICATION FOR		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>S96863</b>		<b>FILED</b> <b>01 OCT 22 PM 4: 37</b> <b>SECRETARY OF STATE</b> <b>TALLAHASSEE, FLORIDA</b>	
1. Corporation Name <b>AL FAIZ INC.</b>		4. Date Incorporated or Qualified To Do Business in Florida <b>NOV. 25, 1991</b>	
1277 NW 7th AVE Street <b>MIAMI FL 33125</b>		5. FEI Number <b>65-0340649</b>	
Principal Place of Business <b>1277 N.W. 7th AVE.</b>		Mailing Address <b>MIAMI FL 33125</b>	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.		DO NOT WRITE IN THIS SPACE	
2. New Principal Office Address, If Applicable		3. New Mailing Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
President	WASEEM MIRZA	865 N.E 179 Terrace	N.M.B. FL 33162
8. Name and Address of Current Registered Agent			
WASEEM MIRZA			
865 NE 179 Terrace			
N.M.B. FL 33162			
9. Name and Address of New Registered Agent			
Name			
Street Address (P.O. Box Number is Not Acceptable)			
Suite, Apt. #, Etc.			
City			
State <b>FL</b> Zip Code			
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.			
Signature of Registered Agent <b>Waseem Mirza</b> REGISTERED AGENT MUST SIGN			
Date			
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)			
12. I do hereby certify that the information supplied with this filing is voluntarily furnished 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 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., 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: <b>Waseem Mirza</b> <b>WASEEM MIRZA</b> 10/15/2001			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			
Date Daytime Phone #			

PDHc 201

9/19/01-90162-007-\$550.00-\$550.00

To Whom It May Concern:

I did not receive  
a reinstatement  
notice for my  
corporation, Ah  
Fair, Inc. for  
2001. Included is the  
\$150.00 reinstatement  
fee.

Thank you,  
Wadeem M.D.

FILED

01 OCT 22 PM 1:49

SECRETARY OF STATE

DO NOT WRITE IN THIS SPACE

4. FEI Number	66-1010158	Applied For	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	
7. Name and Address of New Registered Agent			
8. Box Number (if Not Acceptable)			
9. State	FL	Zip Code	
10. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees	
ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Change <input type="checkbox"/> Addition			

CITY-ST-ZIP	DELETE	CITY-ST-ZIP	CHANGE	ADDITION
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

13. I hereby certify that the information supplied in this filing 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 supplement 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 officer or director empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

Wadeem M.D.

9/11/01 941-371-8861