DI EACE DEAD	ALL INOTOLICTIONS		COMPLETING THAT FORM	· ~ ~
REINSTATEMENT	FLORIDA DEPARTMENT Sandra B. More Secretary of Secretary	NTOF STATE rtham State RATIONS	COMPLETING THIS ROPED AND AND FILED 1997 FEB 1 I PM 3: 32 SECRETARY OF STATE TALLAHASSEE. FLORIDA	90
Principal Place of Business 639/ Hevitage TAII, FL, 39 If above addresses are incorrect in any way, line the 2. New Principal Office Address, If Applicable	Mailing Address Ridge RD 312 rough incorrect information and enter 3. New Mailing Office Address. If		Date Incorporated or Qualified	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		To Do Business in Florida 1992	
City & State	City & State		5. FEI Number 59-3156006	Applied For Not Applicable
Zip Country	Zip Countr	у	6. S8.75 Addition	onal Fee required
7. Names and Street Addresses of Each Officer and	/or Director (Florida popprofit corpora	ations must list at lea		Cate of Status
8. Name and Address of Current MASOUR Fahimi 8. Name and Address of Current MASOUR Fahimi 6391 Heritase Ri Tall, FL, 323	POUR 63°) He	eet Address of Each ficer and/or Director se Post Office Box N Name Street Address (P Suite, Apt. #, Etc.	P.O. Box Number is Not Acceptable) City / State / Zip City / State / Zip City / State / Zip A	77 -012 373.75
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				
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No No (See other side for information on Intangible tax.) 12. 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., 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Daytime Phone #				