

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM *APPROVED AND FILED 2/8/97*

APPLICATION FOR REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

1997 FEB 11 PM 3:32
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # *173049*
 1. Corporation Name *OAXIN Homes INC*

Principal Place of Business Mailing Address
*6391 Heritage Ridge RD
 TALL, FL, 32312*

If above addresses are incorrect in any way, line through incorrect information and enter correction below.
 2. New Principal Office Address, If Applicable
 3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida *1992*
 5. FEI Number *59-3156006*
 Applied For / Not Applicable
 6. CERTIFICATE OF STATUS DESIRED \$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)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
<i>owner/President</i>	<i>MASOUD FAHIMIPOUR</i>	<i>6391 Heritage Ridge RD</i>	<i>TALL, FL, 32312</i>

8. Name and Address of Current Registered Agent
*MASOUD FAHIMIPOUR
 6391 Heritage Ridge RD
 TALL, FL, 32312*

9. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc.
 City State Zip Code
 State **FL** 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 *[Signature]* Date *2-5-97*
 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.)

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 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.

SIGNATURE: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date *2-5-97* Daytime Phone #

CR20040 (12/96)