


# 2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 OCT 27 PM 3:39

**DOCUMENT #** P02000036379

**1. Entity Name**  
SAAD BIOLOGICALS, INC.



<b>Principal Place of Business</b> 423 W VINE STREET KISSIMMEE, FL 34741	<b>Mailing Address</b> 2692 HORSESHOE BAY DR. KISSIMMEE, FL 34741
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<b>2. Principal Place of Business</b> 2692 Horseshoe Bay Dr <small>Suite, Apt. #, etc.</small>	<b>3. Mailing Address</b> 2692 Horseshoe Bay Dr. <small>Suite, Apt. #, etc.</small>
<b>City &amp; State</b> Kissimmee FL	<b>City &amp; State</b> Kissimmee FL
<b>Zip</b> 34741	<b>Country</b> osceola
<b>Zip</b> 34741	<b>Country</b> osceola



10202004 REIN-P CR2E098 (6/04)

<b>4. FBI Number</b> 01-0659079	<input type="checkbox"/> <b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

<b>6. Name and Address of Current Registered Agent</b> QUARESHI, MOHAMMAD 2692 HORSESHOE BAY DR. KISSIMMEE, FL 34741	<b>7. Name and Address of New Registered Agent</b> <b>Name</b> <b>Street Address (P.O. Box Number is Not Acceptable)</b> <b>City</b> <span style="float: right;"><b>FL</b> <b>Zip Code</b></span>
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**8.** The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

**SIGNATURE** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!! FEE IS \$750.00**  
**After January 1, 2005, Fee will be \$900.00**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PD	QURESHI, MOHAMMAD A	<input type="checkbox"/>			
	2692 HORSESHOE BAY DR.				
	KISSIMMEE, FL 34741				
		<input type="checkbox"/>			
		<input type="checkbox"/>			
		<input type="checkbox"/>			
		<input type="checkbox"/>			

500042240805  
10/27/04--01029--009 \*\*750.00

**12.** I hereby certify that the information supplied with 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 supplemental report 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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** M. A. Qureshi  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 10-22-04 Daytime Phone #: 407-733-87

10/29 @