

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 SEP 27 AM 10:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000003776**

1. Corporation Name
5002, INC.

2. Principal Office Address
5002 E. SLIGH AVE

Suite, Apt. #, etc.

City & State
TAMPA, FLORIDA

Zip Country
33617 U.S.

3. Mailing Office Address
7345 SAND LAKE RD.

Suite, Apt. #, etc.
412

City & State
ORLANDO, FLORIDA

Zip Country
32819 U.S.

REINSTATEMENT 0001

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number **59-3216800** Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
MIKE DIAZ

Street Address (P.O. Box Number is Not Acceptable)
7345 SAND LAKE ROAD

Suite, Apt. #, Etc.
412

City
ORLANDO, FLORIDA

700004627427-3
-10/08/01-01080-006
****900.00 ****900.00

State Zip Code
FL 32819

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.

Signature of Registered Agent *Mike Diaz* REGISTERED AGENT MUST SIGN

Date **9/24/01**

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
P/D	SAAD, YASIN	6215 QUEENSWAY DR.	TAMPA, FLORIDA 33617

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.

SIGNATURE: *Yasir Saad* **YASIN SAAD**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **9/24/01** Daytime Phone # **813-622-7913**

CR2E081 (9/00)