

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
01 DEC 19 AM 10:49

DOCUMENT # L08192

**1. Corporation Name**

SHAFAT ENTERPRISES, INC.

**2. Principal Office Address**

1001 W. 48 STREET

Suite, Apt. #, etc.

City & State

HIALSAH, FL

Zip

33012

Country

DADE

**3. Mailing Office Address**

1001 W. 48 STREET

Suite, Apt. #, etc.

City & State

HIALSAH, FL

Zip

33012

Country

DADE

**4. Date Incorporated or Qualified To Do Business in Florida**

08-08-1989

**5. FEI Number**

65-0134637

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED**

\$8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT 92-01

**7. Name and Address of Current Registered Agent**

Name

BAHRAM R. PIRANI

Street Address (P.O. Box Number is Not Acceptable)

1001 W. 48 STREET

Suite, Apt. #, Etc.

City

HIALSAH

State  
**FL**

Zip Code

33012

300004745263-3

-12/31/01--01071--018

\*\*\*2100.00 \*\*\*2100.00

**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

B. Pirani

Date

12-14-01

REGISTERED AGENT MUST SIGN

**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
<u>PID</u>	<u>BAHRAM R. PIRANI</u>	<u>1001 W. 48 STREET</u>	<u>HIALSAH, FL</u>

B. Pirani  
12/2/2001

**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:

B. Pirani

12-14-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CRZE061 (8/00)