

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

APPROVED
FILED
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JAN -4 PM 12:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P9400000 8138

1. Corporation Name
95 WHSE INC.

Principal Place of Business Mailing Address
3121 W HALLANDALE BOH BLYD
SUITE 102
PEMBROKE PARK FL 33009

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
State, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

4. Date Incorporated or Qualified To Do Business in Florida
01/26/94
5. FEI Number
65-0464335
Applied For Not Applicable
CERTIFICATE OF STATUS DESIRED

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PSTD	SAM JAZAYRI	3121 W HALLANDALE BOH BLYD SUITE 102	PEMBROKE PARK FL 33009

REINSTATEMENT 78-99
SCC 1-4-99

8. Name and Address of Current Registered Agent
SAM JAZAYRI
3121 W HALLANDALE BOH BLYD
SUITE 102
PEMBROKE PARK FL 33009

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
FL

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] REGISTERED AGENT MUST SIGN Date: 12/29/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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)(j), 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: SAM JAZAYRI 12/31/98 954-981-1157
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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SENT BY: XEROX Telecopier 7017; 1- 4-99 ; 3:39PM ;
Division of Corporations

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Florida Department of State
Division of Corporations
Public Access System
Sandra B. Mortham, Secretary of State

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To:

Division of Corporations
Fax Number : (850)922-4004

From:

Account Name : RUDEN, MCCLOSKEY, SMITH, SCHUSTER & RUSSELL, P.A.
Account Number : 076077000521
Phone : (954)761-2910
Fax Number : (954)764-4996

CORPORATION REINSTATEMENT

95 WHSE INC.

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