

**2015 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N04000000280

**FILED**  
**Aug 10, 2015**  
**Secretary of State**  
**CR3573273310**

**Entity Name:** THE IRANIAN FESTIVAL OF SOUTH FLORIDA, INC.

**Current Principal Place of Business:**

299 ALHAMBRA CIRCLE  
SUITE 404  
CORAL GABLES, FL 33134-5117

**Current Mailing Address:**

299 ALHAMBRA CIRCLE  
SUITE 404  
CORAL GABLES, FL 33134-5117

**FEI Number: 77-0619949**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

KHOSRAVI, SHAWN  
299 ALHAMBRA CIRCLE  
SUITE 404  
CORAL GABLES, FL 33134-5117 US

*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.*

**SIGNATURE: SHAWN KHOSRAVI**

**08/10/2015**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D  
Name ALMASI, MO  
Address 5833 S.W. 50 TERRACE  
City-State-Zip: MIAMI FL 33155

Title D  
Name D JAHANSHAIE, REZA  
Address 155 BENTLY DRIVE  
City-State-Zip: MIAMI SPRING FL 33166

Title D  
Name KHOSRAVI, SHAHRZAD S  
Address 299 ALHAMBRA CIRCLE, SUITE 404  
City-State-Zip: CORAL GABLES FL 33134-5117

Title D  
Name MASMOUEI, HODA  
Address 299 ALHAMBRA CIRCLE STE 404  
City-State-Zip: CORAL GABLES FL 33134

Title D  
Name REZAIE, JILA  
Address 7510 SW 98 COURT  
City-State-Zip: MIAMI FL 33173-3110

Title D  
Name TAVAKOLY, AHMAD  
Address 8723 SW 129 STREET  
City-State-Zip: MIAMI FL 33176-5916

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: SHAHRZAD KHOSRAVI**

**DIRECTOR**

**08/10/2015**

Electronic Signature of Signing Officer/Director Detail

Date