

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 NOV 10 AM 8:55

DOCUMENT # 746492

1. Corporation Name

SPIRITUAL ASSEMBLY OF THE BAHAI'S OF POLK COUNTY, INC.

100162647481
11/10/09--01003--014 **306.25

CR2E081 (10/09)

2. Principal Office Address- No P.O. Box # 1165 S Lakeshore Way Suite, Apt. #, etc.		3. Mailing Office Address 1165 S Lakeshore Way Suite, Apt. #, etc.	
City & State Lake Alfred, FL		City & State Lake Alfred, FL	
Zip 33850	Country USA	Zip 33850	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 03/29/1979	
5. FEI Number 593201920	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name Shokrallah Ashchi		
Street Address (P.O. Box Number is Not Acceptable) 2221 20th St. NW		
Suite, Apt. #, Etc.		
City Winter Haven	State FL	Zip Code 33881

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or section 617.0503, F.S.

Signature of Registered Agent Shokrallah Ashchi Date 11/05/2009
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
CD	Shokrallah Ashchi	2221 20th St. NW	Winter Haven FL 33881
VPD	Shahrazad Ashchi	2221 20th St. NW	Winter Haven FL 33881
TD	Mahrou Emerson	2017 8th Terrace SE	Winter Haven FL 33880
D	Nader Ashchi	1038-5 Dunn Ave. #125	Jacksonville FL 32218

REINSTATEMENT 08-09

10. E-mail Address: nader@ashchi.com

(To be used for future annual report notifications)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided 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. I further certify 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:

Nader Ashchi

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/05/09 9043091795

Date

Day time Phone#