

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
AND
FILED

96 DEC 31 AM 8:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F23253**

1 Corporation Name

M. RAHMAN INC.

Principal Place of Business

Mailing Address

FLORIDA

**502 EAST PROSPECT ROAD,
SUITE 2,
FORT LAUDERDALE, FL 33334**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2 New Principal Office Address, If Applicable

N/A

3 New Mailing Address, If Applicable

N/A

4 Date Incorporated or Qualified
To Do Business in Florida

FEB 23, 1981

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5 FEI Number

59-2066525

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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
1	2	3	4
PRES.	MAHMOUD RAHMAN	1100B NW 15TH ST. 60	CORAL SPRINGS FL 33071

500002044755--8

-01703/97--01110--004

*****1236.25 ***1236.25**

REINSTATEMENT

1996

A. Khan

12/31/96

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**MAHMOUD RAHMAN
1100B NW 15TH ST
CORAL SPRINGS, FL 33071**

Name

MAHMOUD RAHMAN

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

1100B NW 15TH STREET

Suite, Apt. #, Etc.

City

CORAL SPRINGS

State

FL

Zip Code

33071

10 I am 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

MAHMOUD RAHMAN

REGISTERED AGENT MUST SIGN

Date

11-26-96

11 Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes.

Yes ☒ No ☐

(See other side for information
on intangible tax)

12 I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:

MAHMOUD RAHMAN

MAHMOUD RAHMAN

11-26-96 (954) 561-5762

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2004 (12/95)