

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **F41258**

1. Corporation Name

AL-KARIM, INC.

Principal Place of Business

**ROUTE 2, BOX 804
MICANOPY FL 32667**

Mailing Address

**ROUTE 2, BOX 804
MICANOPY FL 32667**

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

4. Date Incorporated or Qualified
To Do Business in Florida

08/20/1981

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2118361

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	DHANJI, AMIN	911 N MAIN STREET	KISSIMMEE FL
VD	DHANJI, AZIZ	911 N MAIN STREET	KISSIMMEE FL
STD	DHANJI, MOHAMMED	911 N MAIN STREET	KISSIMMEE FL
P	DHANJI, MOHAMMED	911 N MAIN STREET	KISSIMMEE, FL 00000
			900002225169--9 -06/27/97--01089--009 ****915.00 ****915.00
			96-26-97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**DHANJI, MOHAMED
RT 2 P.O. BOX 804 I-75 & SR 234
%SCOTTISH INN
MICANOPY FL 32667**

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

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 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/96)