

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 APR 25 AM 9:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G25381**

1. Corporation Name

MEMPHIS, INC
725 N. MAGNOLIA
ORLANDO, FL 32801

2. Principal Office Address

125 N. MAGNOLIA

Suite, Apt. #, etc.

City & State

ORLANDO, FL

Zip

32801

Country

ORANGE

3. Mailing Office Address

7386 SPRING VILLA CIR.

Suite, Apt. #, etc.

City & State

ORLANDO, FL

Zip

32819

Country

ORANGE

REINSTATEMENT

94-10

4. Date Incorporated or Qualified
To Do Business in Florida

02/24/83

5. FEI Number

59-2299281

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

**\$8.75 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

ILYAS BAWANY

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

725 N. MAGNOLIA

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32801

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

Signature of
Registered Agent

[Signature of Ilyas Bawany]

REGISTERED AGENT MUST SIGN

Date **04-24-2000**

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
1/D	ILYAS BAWANY	725 N. MAGNOLIA	ORLANDO, FL 32801
S/D	TAUFIQ BAWANY	7386 SPRING VILLA CIR	ORLANDO, FL 32809
P/D	AFSIHAN BAWANY	725 N. MAGNOLIA	ORLANDO, FL 32801
	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i> LS

10. 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 of Ilyas Bawany]

ILYAS BAWANY (P)

04/23/00

Date

407-3459218

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR