

APPLICATION FOR REINSTATEMENT

UNITED STATES DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

1 Corporation Name

Principal Place of Business

4701 SW 45TH STREET
DAVIE FL 33314-3901

Mailing Address

4701 SW 45TH STREET
DAVIE FL 33314-3801

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

2. Home Phone and Office Address (If Applicable)

3 New Mailing Office Address, If Applicable

Suite, Apt # etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

07/26/1984

5. FEI Number

59-2441843

Applied For

Not Applicable

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)

[illegible]

8. Name and Address of Current Registered Agent

REZA, MOEINIAN
1187 SW 149 LANE
SUNRISE FL 33326

9. Name and Address of New Registered Agent

Name _____

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code	
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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 Representative Leighton

REGISTERED AGENT MUST SIGN

Date 10/31/99

11. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone #

0064888 AF

②

November 17, 1999

Florida State Department of State

To whom it may concern:

As up today I *haven't receive* any packages for renewal for the corporation.

You can check my record and see that I always send my payment on time .

With this letter I'm enclosing \$150.00 Check for the corporation.

Sincerely Yours
L/P Magazine service