

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J93933

1. Corporation Name

RAHMAN, INC.

Principal Place of Business

~~% ADIB RAHMAN~~
~~2020 S. MCCALL RD., STE. 28~~
~~ENGLEWOOD FL 34224~~

Mailing Address

~~% ADIB RAHMAN~~
~~2020 S. MCCALL RD., STE. 28~~
~~ENGLEWOOD FL 34224~~

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

2. New Principal Office Address, If Applicable

~~MARK A VOLPI~~
~~Suite, Apt. #, etc.~~
~~3691 TAMiami TR~~

~~City & State~~
~~PT CHARLOTTE FL~~

~~Zip~~
~~33952~~

~~Country~~
~~USA~~

3. New Mailing Office Address, If Applicable

~~RAHMAN INC~~
~~Suite, Apt. #, etc.~~
~~3691 TAMiami~~

~~City & State~~
~~PT CHARLOTTE FL~~

~~Zip~~
~~33952~~

~~Country~~
~~USA~~

4. Date Incorporated or Qualified
To Do Business in Florida

09/18/1987

5. FEI Number

65-0086678

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	RAHMAN, ADIB	8828 S. MCCALL RD., STE. #28	ENGLEWOOD FL 34224
D	VOLPI, MARK	18879 ACKERMAN AVE. PO Box 494805	PORT CHARLOTTE FL PORT CHARLOTTE FL

800008812378

11/05/02--01103--003 **150.00

8. Name and Address of Current Registered Agent

~~RAHMAN, ADIB~~
~~2020 S. MCCALL RD~~
~~ENGLEWOOD FL~~

9. Name and Address of New Registered Agent

Name

MARK VOLPI

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

18879 ACKERMAN PO. Box 494805

Suite, Apt. #, Etc.

City

PT CHARLOTTE

State

FL

Zip Code

33952

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 11-1-02

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-1-02

Daytime Phone #

CR2040 (8/02)

2012

11-1-02

DEAR SIRs,

I am enclosing A REINSTATEMENT
REQUEST PLUS FEES OF \$150.

AT NO TIME HAVE I RECEIVED
~~ANY INFO TO SEND IN OUR ANNUAL~~
Fee, MAY BE DUE TO THE FACT THAT
WE CHANGED OUR ADDRESS THIS YEAR.

IF THERE ARE ANY QUESTIONS PLEASE
CONTACT ME; MARK VOLPI PRES & REGISTERED
AGENT RANMAN INC

Mark J