

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



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

02 JUN 13 AM 8:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K 89909**

1. Corporation Name

VEENA INC.

2. Principal Office Address

3310, S.W. 35TH BLVD.

3. Mailing Office Address

SAME AS # 2

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

GAINESVILLE, FL

City & State

Zip

39608

Country

ALACHUA

Zip

Country

4. Date Incorporated or Qualified

To Do Business in Florida **04-20-89**

5. FEI Number

592943899

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$3.75 Additional Fee required for a Certificate of Status

REINSTATEMENT 98-02

7. Name and Address of Current Registered Agent

Name

ABDUL MALIK

000006053290--0

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

3310 S.W. 35TH BLVD.

06/26/02-01084-012

*****1358.78 ***1358.75**

Suite, Apt. #, Etc.

City

GAINESVILLE, FL

State
FL

Zip Code

39608

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]

Date

6-10-02

REGISTERED AGENT MUST SIGN

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
PRESIDENT	ABDUL MALIK	2635 S.W. 35 TH PL. # 1501	GAINESVILLE, FL 39608
V.P.	ASLAM M. ACI	2635 S.W. 35 TH PL. # 1501	GAINESVILLE, FL 39608
			1200.00 - Adm
			61.25 - AIC
			88.75 - ARsupp
			8.75 - Cert

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]

(ABDUL MALIK)

06-10-02

352-376-8170

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)