

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 24 AM 10:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **1K93040**

1. Corporation Name

SHEERSON Construction INC

2. Principal Office Address

3402 BRIDGE RD

Suite, Apt. #, etc.

COOPER CITY

City & State

FLORIDA 33026

Zip

33026

Country

BROWARD

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

6-6-89

5. FEI Number

65-0129040

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

ZULFIQAR SHEERMOHAMEDI

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

3402 BRIDGE RD

Suite, Apt. #, Etc.

COOPER CITY

City

100025868231

12/31/03--01011--024 **158.1

State
FL

Zip Code

33026

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

REGISTERED AGENT MUST SIGN

Date

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 |
|---------|--------------------------------------|--|--------------------|
| Pres | ZULFIQAR SHEERMOHAMEDI | 3402 BRIDGE RD COOPER CITY FL 33026 | |
| V. Pres | AZEEZ SHEERMOHAMEDI | 3402 BRIDGE RD COOPER CITY FL 33026 | |
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/24/03. 954.435-1525
Date Daytime Phone #

CR2E081 (10/02)