

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 DEC 20 PM 3:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N95000004672

1. Corporation Name

THE SPIRITUAL ASSEMBLY OF THE BAHAI'S OF BROWARD
COUNTY SOUTH, FLORIDA, INC.

Principal Place of Business

Mailing Address

470 LAKETREE DRIVE
FORT LAUDERDALE, FL 33326-1707

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable

3. New Mailing Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

Suite, Apt. #, etc

Suite, Apt. #, etc

2000 2040592--2

City & State

-12018886--01012--002

5. FEI Number

Applied For

65-0230038

Not Applicable

Zip

Country

Zip

Country

***375.00 ***375.00

CERTIFICATE OF STATUS DESIRED ☐

SB 75 Additional Fee required
for Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
C	FARAMARZ ZAREEY	1181 HIDDEN VALLEY	WESTON, FL 33326
D	HEATHER HOSSEINI	1569 ISLAND WAY	WESTON, FL 33336
S	SAMANDAR HOSSEINI	1569 ISLAND WAY	WESTON, FL 33326
D	SIROOS ASBAGHI	470 LAKETREE DRIVE	FORT LAUDERDALE, FL 33326
T	ROYA FALLAH	1004 PINE BRANCH DR	WESTON, FL 33326
CC	SYLVESTER BREITHWAITE	3272 MURFIELD	WESTON, FL 33326

8. Name and Address of Current Registered Agent

SIROOS ASBAGHI
470 LAKETREE DRIVE
FORT LAUDERDALE, FL 33326

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #

City

State

Zip Code

REINSTATEMENT

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
Registered Agent

REGISTERED AGENT MUST SIGN

Date

12/13/96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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

12/13/96

Date

Daytime Phone #

305-888-3072