

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

APPROVED
AND
FILED

01 JAN 24 PM 3:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N96000001014

1. Corporation Name

IRANIAN CULTURAL ASSOCIATION, INC.

Principal Place of Business

Mailing Address

440 EAGLE CR.
CASSELBERRY FL 32707

440 EAGLE CR.
CASSELBERRY FL 32707



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

02/26/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3381968

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
PD	NOGHREKAR, MASOUD	440 EAGLE CR.	CASSELBERRY FL 32707
D	SHIDEH, VARZEGAR	440 EAGLE CR	CASSELBERRY FL 32707
D	ALLASVAND, KHOSRO	1575 LAWDALE CR	WINTER PARK FL 32792

700003634207-2
-02/05/01--01158--003
*****61.25 *****61.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

NOGHREKAR, MASOUD
440 EAGLE CR.
CASSELBERRY FL 32707

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

MASOUD NOGHREKAR
SIGNATURE REQUIRED

Date Dec. 28.00

REGISTERED AGENT MUST SIGN

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:

MASOUD NOGHREKAR
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dec. 28.00

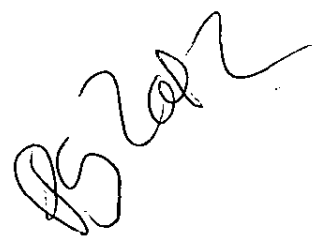
Date

Daytime Phone #

407 696 7072

CR2E040 (8/00)

January 9, 2001



Dear Florida Department of State:

**RE: Reinstatement Document # N96000001014
Iranian Cultural Association, Inc.**

In response to our telephone conversation with your department pertaining to the Notice of Administrative Dissolution or Revocation. This is a request that we would not have to pay for reinstatement due to the fact of not receiving any prior notices that was sent by your department.

As a Cultural Association we maintain a Non-Profit Status, thus having no In-Come. Enclosed you will find payment for the Annual Fee.

Please advise if this will not suffice for the Annual Fee. Thank you for your consideration in this matter.

Sincerely,

Masoud Noghrekar
Iranian Cultural Assoc., Inc.
404 Eagle Cr.
Casselberry, Fl. 32707