

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

10f2

FILED

00 OCT 25 AM 11: 23

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # N98000004857

1. Corporation Name

FLORIDA THEATRE INC.

Principal Place of Business

Mailing Address

7380 NW 40TH ST
LAUDERHILL FL 33319

7380 NW 40TH ST
LAUDERHILL FL 33319



5/15/00 90278008 \$61.25

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

08/24/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

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
P/D	HAQUE, RAFIQU L D	7380 NW 40TH ST	LAUDERHILL FL 33319
D	HOQUE, AHM AMINUL D	1900 NW 9TH AVE	FT LAUDERDALE FL 33311
T/D	HAQUE, SHARMIN MRS D	800 NW 15 ST	FT LAUDERDALE FL 33304
D	HOSSAIN, ALAMGIR D	1900 NW 9TH AVE	FT LAUDERDALE FL 33311
D	KABIR, KAISUL D	598 NE 44TH ST	OAKLAND PARK FL 33308

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HAQUE, RAFIQU L
7380 NW 40TH ST
LAUDERHILL FL 33319

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

Date

10/15/2000

REGISTERED AGENT MUST SIGN

CR2E040 (800)

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/15/2000 (954) 763-3008

KE



Florida Theater

7380 NW 40TH STREET
355 North West Street # 211
LAUDERHILL FL 33319
Pompano Beach, FL 33064

2082

10/15/2000

FLORIDA DEPT. OF STATE

KATHERINE HARRIS

SECRETARY OF STATE

DIVISION OF CORPORATION

SUBJ: - REINSTATEMENT OF CORPORATION

IN Responsone to your reinstatement application, it shocked me because after I've submitted renewal there was one correction which I've done and sent that back, and never received any other letter. So naturally I thought that renewal is done.

I request you further to reinstate the Corporation.

Sincerely

Rafiqul Hasan

Registered Agent/Director/President