

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 JUL 29 PM 1:38

DOCUMENT # *1799000003540*

1. Corporation Name

American Society for Kurds, Inc

300007072623--4

-08/13/02--01034--010

****367.50 ****367.50

2. Principal Office Address

864 Willow Ave.

3. Mailing Office Address

P.O. Box: 37452

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tallahassee FL

City & State

Tallahassee, FL

Zip

32303

Country

Leon

Zip

32315

Country

Leon

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

06-09-1999

5. FEI Number

59-3465560

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

Salah Aziz

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

864 Willow Ave.

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32303

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

Salah Aziz

Date *7-29-02*

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
<i>President</i>	<i>Peter Garretson</i>	<i>1130 Lothian Dr.</i>	<i>Tallahassee, FL 32312</i>
<i>Secretary</i>	<i>Mike Basile</i>	<i>165 Woodhall</i>	<i>Murray, Ky 42071</i>
<i>Treasurer</i>	<i>Salah Aziz</i>	<i>864 Willow Ave.</i>	<i>Tall, FL 32303</i>

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:

Peter P. Garretson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 29, 2002

Date

644-9516

Daytime Phone #

CR2E081 (9/01)