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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

04 AUG 12 AM 11:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000022906

1. Corporation Name

T.M. KHAN HALAL MEAT DISTRIBUTORS, INC

3250 N.W. , 84TH AVENUE
3250 N.W. 84TH AVENUE

2. Principal Office Address

3250 N.W. , 84TH AVENUE

3. Mailing Office Address

3250 N.W. 84TH AVENUE

Suite, Apt. #, etc.

502

Suite, Apt. #, etc.

502

City & State

SUNRISE , FLORIDA

City & State

SUNRISE, FLORIDA

Zip

33351

Country

U.S.A.

Zip

33351

Country

U.S.A.

4. Date Incorporated or Qualified

To Do Business in Florida 03/07/2000

5. FEI Number

65-0998103

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

01-04

7. Name and Address of Current Registered Agent

Name

TARIQ M. KHAN

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

3250 N.W., 84TH AVENUE

Suite, Apt. #, Etc.

502

City

SUNRISE

State

FL

Zip Code

33351

800040322828

08/19/04--01028--001 **600.00

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

Tariq M. Khan

Date 07/29/2004

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
P	TARIQ M. KHAN	3250 N.W. 84TH AVENUE # 502	SUNRISE, FL. 33351

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:

Tariq M. Khan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/9/04

Date

954-747-0923

Daytime Phone #

CR2E081 (01/04)

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T.M. KHAN HALAL MEAT DISTRIBUTORS, INC.
3250 N.W. , 84TH AVENUE # 502
SUNRISE, FL. 33351

July 30, 2004

Secretary of State
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

Ref.: Doc # P00000022906
T.M. KHAN HALAL MEAT DISTRIBUTORS, INC

Dear Sir/Madam,

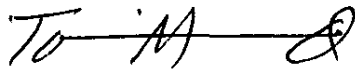
Enclosed please find Corporation Reinstatement form for the above corporation, As our address was change we did not received the Annual Report for 2001 until recent. Enclosed also please find a pre-printed Annual Report for 2004. A check of \$ 600.00 is also enclosed as renewal fees for 2001,2002,2003 and 2004

As this is our first time being late kindly, please waive the penalty to reinstate my corporation.

I sincerely apologize for any inconvenience caused to you, and hope to reinstate this corporation as soon as possible.

Thank you,

Sincerely,



Tariq M Khan
President

