

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

10 JAN -8 PM 1:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000022906

1. Corporation Name

T. M. KHAN HALAL MEAT DISTRIBUTORS, INC

2. Principal Office Address - No P.O. Box #

4583 NW 90TH AVENUE

Suite, Apt. #, etc.

3. Mailing Office Address

4583 NW 90TH AVENUE

Suite, Apt. #, etc.

City & State

SUNRISE, FL

City & State

SUNRISE, FL

Zip

33351

Country

U.S.A.

Zip

33351

Country

U.S.A.

900165425259

01/08/10--01042--009 \*\*900.00

REINSTATEMENT

05-10

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

7. Name and Address of Current Registered Agent

Name

TARIQ M. KHAN

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

4583 NW 90TH AVENUE

Suite, Apt. #, Etc

City

SUNRISE

State

FL

Zip Code

33351

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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*

REGISTERED AGENT MUST SIGN

Date 01/01/2010

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
PDTS	TARIQ M KHAN	4583 NW , 90TH AVENUE	SUNRISE, FL. 33351

10. E-mail Address:

(To be used for future annual report notification)

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. I further certify, 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*

TARIQ M. KHAN

01/01/2010 954-205-6661

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #