

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 FEB 22 PM 4:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # P00000035203

1. Corporation Name

ZAHRA M INC.
1697 PINE BAY DR.
LAKE MARY FL 32746

2. Principal Office Address

1697 PINE BAY DR.

Suite, Apt. #, etc.

City & State

LAKE MARY FL 32746

Zip

32746

Country

USA

3. Mailing Office Address

1697 PINE BAY DR.

Suite, Apt. #, etc.

City & State

LAKE MARY FL 32746

Zip

32746

Country

USA

2001-2002 UBR

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

APRIL 06, 2000

5. FEI Number

59-3694356

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$375 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ZUHER F. MANJI

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

1697 PINE BAY DR.

Suite, Apt. #, Etc.

City

LAKE MARY

State

FL

Zip Code

32746

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

REGISTERED AGENT MUST SIGN

Date

02/15/2002

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	ZUHER F. MANJI	1697 PINE BAY DR.	LAKE MARY FL 32746
V	SHABBI ALI MANJI	929 WAYBOURNE WAY	LAKE MARY FL 32746

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ZUHER F. MANJI

Date

02/15/02 407 474 0276

Daytime Phone #

CR2E081 (9/01)

FLORIDA DEPT OF STATE
CORPORATION REINSTATEMENT

FEB-19-2007

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TO WHOM IT MAY CONCERN

I DID NOT RECEIVE MY UNIFORM REPORT
OF 2001. I HUMBLY REQUEST YOU IN WAIVING THE
FEES, AND ACCEPTING THE REINSTATEMENT FORM.

THANKING YOU

Huber F. Mary