

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine H. ...
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 NOV 15 PM 5:31

DOCUMENT # P00000036989

1. Corporation Name

AHSEN ENTERPRISES, INC.

Principal Place of Business

Mailing Address

1062 N.E. 163RD BLVD.
NORTH MIAMI FL 33162

1062 N.E. 163RD BLVD.
NORTH MIAMI FL 33162



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

04/12/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0996-966

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PSD	AYOUB, MOHAMMAD	1062 N.E. 163RD BLVD.	NORTH MIAMI FL 33162

7000004705997--0
-12/05/01--01053--001
****150.00 ****150.00

Handwritten signature

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

AYOUB, MOHAMMAD
1062 N.E. 163RD BLVD.
NORTH MIAMI FL 33162

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Signature of Mohammed Ayouub
10/11/2001

Date

REGISTERED AGENT MUST SIGN

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 of Mohammed Ayouub
10/11/2001

Date

Daytime Phone #

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AHSEN ENTERPRISES, INC.

October 11, 2001

Florida Department of State
Divisions of Corporations
P O Box 6327
Tallahassee, FL 32314

Dear Sir or Madam:

We received a Certificate of administrative Dissolution for our corporation Document # P00000036989. We had mailed the Annual uniform business report for 2001 on April 27, 2001 along with a money order for \$ 150.00.

As advised by the division of corporation on phone today we are enclosing another UBR along with a check for \$ 150.00.

Please waive the penalty and consider this report filed timely.

Sincerely,

Ayoub Mohammad
Registered Agent