

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

**CORPORATION
REINSTATEMENT**



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

FILED

02 MAR -7 PM 4:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000043817

1. Corporation Name

N.K.H, INCORPORATED

2. Principal Office Address

326 WEST OAK STREET

Suite, Apt. #, etc.

City & State

KISSIMMEE - FLORIDA

Zip

34741

Country

U.S.A.

3. Mailing Office Address

3158 TIMUCUA CIRCLE

Suite, Apt. #, etc.

City & State

ORLANDO - FLORIDA

Zip

32837

Country

U.S.A.

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

5. FEI Number

59-3651054

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$3.75 Additional Fee required
for a Certificate of Status**

05/03/01 90975 019 \$150

7. Name and Address of Current Registered Agent

Name

ZAREESH MAHMOOD

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

3158 TIMUCUA CIRCLE

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32837

200005179972-2
-04/01/02-01064-026
****150.00 ****150.00

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

Zareesh Mahmood

REGISTERED AGENT MUST SIGN

Date **2-14-02**

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
D	JAMALUDDIN, SYED M	3158 TIMUCUA CIRCLE	ORLANDO, FL 32837

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

2-14-02

Date

(407) 846-6169

Daytime Phone #

CR2E081 (9/01)

zelz

NKH, INC.
326 W. Oak Street
Kissimmee, FL 34758

To The Division Of Corporations;
RE: Corporation Reinstatement


To whom it may concern;

2/14/02

I am requesting to have our corporation NKH, Inc. to be reinstated. Your office told me that there was a request sent in to us in September 2001 requesting our Tax I.D. Number. Unfortunately, we never received that letter therefore we never responded. Due to this our corporation was put into an inactive status. Please take into consideration our situation and waive the fees of \$750.00. Enclosed is a copy of the check we used to pay for last year reinstatement fees and a new check for this year's reinstatement fee in the amount of \$150.00.

Please feel free to contact me at any time at the above address or at (407) 846-6169. Thank you in advance for your time and consideration in this matter.

Sincerely,


Syed Jamaluddin