

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

03 MAY 27 AM 8:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

WD3-13918

1. Corporation Name

PO00000044134
JAHANARA Hai Corporation

Principal Place of Business

Mailing Address

2200 N.W 95th St
MIAMI - FL 33147

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

2200 N.W 95th St

3. New Mailing Office Address, If Applicable

2200 N.W 95th St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI - FL

City & State

MIAMI - FL

Zip

33147

Country

Zip

33147

Country

REINSTATEMENT

01-03

4. Date Incorporated or Qualified
To Do Business in Florida

05/02/2000

5. FEI Number

65-1008264

Applied For

Not Applicable

6. 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PO	HAI MOHAMMAD ABDUL	2200 N.W 95th St	MIAMI - FL 33147
STD	HAI JAHANGIR	2200 N.W 95th St	MIAMI - FL 33147

500018466875

05/07/03--01109--010 **1050.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

HAI MOHAMMAD ABDUL

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

2200 N.W 95th St

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33147

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. or 617.0505, F.S.

Signature of
Registered Agent

X [Signature]

REGISTERED AGENT MUST SIGN

Date

04/29/03

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]

5-20-003