


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P00000080917

1. Corporation Name

HEMANI INC.

Principal Place of Business

Mailing Address

6440 METRO WEST BLVD., #401
ORLANDO FL 32835

6440 METRO WEST BLVD., #401
ORLANDO FL 32835

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

2. New Principal Office Address, If Applicable

895 S. FLORA RD.

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

ORLANDO BEACH FL.

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/25/2000

5. FEI Number

59-3676333

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PD	HEMANI, KARIM	6440 METRO WEST BLVD., #401	ORLANDO FL 32835
ST	HEMANI, KARIM	6440 METRO WEST BLVD., #401	ORLANDO FL 32835
			100004690181--4
			-11/21/01--01014--008
			***750.00 ***750.00
			1/LS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HEMANI, ALTAF

6440 METRO WEST BLVD., #401
ORLANDO FL 32835

Name

MANSOOR HEMANI

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

6440 METRO WEST BLVD. #401

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32835

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 REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/23/01

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/23/01

Daytime Phone #

FILED

01 OCT 29 PM 1:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

CR2640 (801)