

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 DEC 22 PM 4:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P-00000083350

**1. Corporation Name**

NISHAD INC

**2. Principal Office Address**

1800 NW 4TH AVENUE

Suite, Apt. #, etc.

6A

City & State

BOCA RATON, FLORIDA

Zip

33432

Country

PALM BEACH

**3. Mailing Office Address**

1800 NW 4TH AVENUE

Suite, Apt. #, etc.

6A

City & State

BOCA RATON, FLORIDA

Zip

33432

Country

PALM BEACH

REINSTATEMENT 01-03

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

9.1.00

**5. FEI Number**

Applied For

☒ Not Applicable

**6. CERTIFICATE OF STATUS DESIRED ☐**

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

ANTHONY RAMASAR

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

1800 NW 4TH AVENUE

Suite, Apt. #, Etc.

6A

City

BOCA RATON

State

FL

Zip Code

33432

200025688872  
12/22/03--01063--025 \*\*\*450.00

**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

*Anthony Ramasar*

REGISTERED AGENT MUST SIGN

Date 12-19-03

**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
PRES	ANTHONY RAMASAR	1800 NW 4TH AVENUE	BOCA RATON, FL 33432

**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:

*Anthony Ramasar*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Anthony Ramasar

561.271.0802

Date

Daytime Phone #

CR2E081 (10/02)

Nishad Inc.  
1800 NW 4<sup>th</sup> Avenue  
Unit 6A  
Boca Raton, FL 33432  
561.271.0802

December 19, 2003

Department of State  
Division of Corporations  
P O BOX 6327  
Tallahassee, FL 32314

To Whom It May Concern:

Nishad Inc. did not receive our bill to pay our corporate fees since the initial time of incorporation. Therefore we are kindly requesting the fee to be waived. Enclosed is a check for the \$450.00 for the reinstatement of the Florida Corporation, Nishad Inc.

Thanking you in advance for your cooperation.

Sincerely,

A handwritten signature in black ink, appearing to read "Anthony Ramasar", with a circular mark around the first few letters.

Anthony Ramasar  
President  
Nishad Inc.