

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 MAR 17 AM 11:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P000000 98374

1. Corporation Name

P.T.A. WORLD, INC.

2. Principal Office Address

3294 N.W. Federal Hwy

Suite, Apt. #, etc.

3. Mailing Office Address

3294 N.W. Federal Hwy

Suite, Apt. #, etc.

City & State

Jensen, FL

City & State

Jensen, FL

Zip

34957

Country

USA

Zip

34957

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3676912

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

KHADISA HAMAMLY

800049892268

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

3294 N.W. Federal Hwy

04/05/05--01029--008 **450.00

Suite, Apt. #, Etc.

City

Jensen

State

FL

Zip Code

34957

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

REGISTERED AGENT MUST SIGN

Date

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
PD	KHADISA HAMAMLY	3294 N.W. Federal Hwy	Jensen, FL 34957
D	MOHAMMED JAMA	3294 N.W. Federal Hwy	Jensen, FL 34957

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

Date

Daytime Phone #

CR2E081 (01/05)

PITA WORLD, INC.
3294 N.W. FEDERAL HWY
JENSEN BEACH, FL 34957

March 7, 2005

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

Re: Annual Report

Dear Sir/ Madam:

Please find attached a reinstatement form and a check for \$450. We would like to obtain your reconsideration for waiver for any extra charges for non renewal for the past two years. We believe that we did not receive a renewal notice. We became aware of the administrative dissolution only by our insurance agent who apparently checked the status on the state website. Upon our knowledge of this fact, we contacted our tax preparer and requested he fills out the necessary form to reinstate the corporation. We also agreed with the tax preparer to ensure that the annual report is filed from this point on.

If you have any question, please call us at (772) 692-5998.

Again, your reconsideration will be greatly appreciated.

Sincerely,

Khadija Hmamly
President

A handwritten signature in black ink, appearing to be 'KH' followed by a stylized flourish.