

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 OCT 29 PM 3:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000099588

1. Corporation Name

WARAICH INVESTMENTS INC.

Principal Place of Business

Mailing Address

~~499 N SR 434, STE 2159~~
~~ALTAMONTE SPRINGS FL 32714~~

~~499 N SR 434, STE 2159~~
~~ALTAMONTE SPRINGS FL 32714~~

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

10/23/2000

Suite, Apt. #, etc. 704 N SCENIC HWY

Suite, Apt. #, etc. 704 N SCENIC HWY

5. FEI Number
59-3679522

Applied For

Not Applicable

City & State LAKE WALES, FL

City & State LAKE WALES, FL

Zip 33853

Country USA

Zip 33853

Country USA

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
D	WARAICH, REPUJIT	499 N SR 434, STE 2159 704 N SCENIC HWY	ALTAMONTE SPRINGS FL 32714 LAKE WALES FL 33853

400004695164--2
-11/27/01--01051--008
****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name WARAICH REPUJIT

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

704 N SCENIC HWY

Suite, Apt. #, Etc.

City LAKE WALES

State FL

Zip Code 33853

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]
REGISTERED AGENT MUST SIGN

Date

10/25/01

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/25/01 (863)-678-012

WARAICH INVESTMENTS, INC.
704 N. SCENIC HWY.
LAKE WALES, FL 33853

October 25, 2001

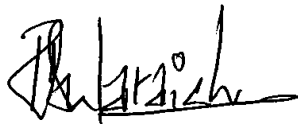
Fl. Dept. of State
Division of Corporation, Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Dear Sir/Madam:

Please be advised that the review of our records indicate that we were not in receipt of the annual corporate renewal form from your office. Upon discussion with your office, and with there suggestion, we enclose the copy of the form 2001 Uniform Business Report with the check in the amount of \$ 150.00. Please note that I was out of the country from January 18th to July 16th of 2001 and therefore was unable to attend to this matter.

Kindly accept our report and waive any penalties associated with such filing. Your uppermost attention to this matter is appreciated.

Sincerely,



Repujit Waraich, President