

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000103883

1. Corporation Name

FIKRI KALA INC

2. Principal Office Address

2000 S Dixie Hwy
Suite, Apt. #, etc.
100 M

City & State

MIAMI FL

Zip

33133

Country

US

3. Mailing Office Address

2000 S Dixie Hwy
Suite, Apt. #, etc.
100 M

City & State

MIAMI FL

Zip

33133

Country

US

REINSTATEMENT 03

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

5. FEI Number

61-1053637

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$5.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Michel Haysman

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

2000 S Dixie Hwy Ste 100 M

Suite, Apt. #, Etc.

100 M

City

MIAMI FL

State

FL

Zip Code

33133

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**

[Signature]

REGISTERED AGENT MUST SIGN

Date 11-12-2003

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
	Dir. FIKRI KALA	2000 S Dixie Hwy Ste 100 M	MIAMI FL 33133

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 11-12-2003

Daytime Phone #

305-894-3135

TL

CR2E081 (10/02)