


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| | | |
|--------------------------------------|---|--|
| CORPORATION REINSTATEMENT |  | FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS |
|--------------------------------------|---|--|

FILED

09 MAR 16 PM 4:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000107955

1. Corporation Name

SIMCAS CONSTRUCTION INC.

2. Principal Office Address - No P.O. Box #

4251 SW 137TH AVE

3. Mailing Office Address

4251 SW 137TH AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIRAMAR, FL

City & State

MIRAMAR, FL

Zip

33027

Country

USA

Zip

33027

Country

USA

200145935842
03/16/09--01034--025 **1050.00

REINSTATEMENT 07-09

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-1048745

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

SHIRAZ ALI-CASSIM

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

4251 SW 137TH AVE

Suite, Apt. #, Etc.

City

MIRAMAR

State

FL

Zip Code

33027

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Shiraz Ali-Cassim

REGISTERED AGENT MUST SIGN

Date

3/10/09

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 |
|--------|--------------------------------------|---|--------------------|
| P/S/T | SHIRAZ ALI-CASSIM | 4251 SW 137TH AVE | MIRAMAR, FL 33027 |
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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 contained in Chapter 119, 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:

Shiraz Ali-Cassim
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/10/09

954-274-5122

Daytime Phone #