


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

102

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 FEB -8 AM 11:16

DOCUMENT # P00000113434

1. Corporation Name

ULUGBEK, INC.

2. Principal Office Address

25 OLD Kings Road North  
Suite, Apt. #, etc. Suite 8C

3. Mailing Office Address

25 OLD Kings Road North  
Suite, Apt. #, etc. suite 8C

City & State

Palm Coast

City & State

Palm Coast

Zip

32137

Country USA

Volusia

Zip

32137

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

12.12.2000

5. FEI Number

593716935

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

Khasan Arifkhanov

300066252373

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

1802 Deer Springs Rd.

02/21/06--01012--030 \*\*45.00

Suite, Apt. #, Etc.

City

Port Orange

State

FL

Zip Code

32129

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 02-07-06

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	Khasan	1802 Deer Springs Rd	Port Orange, 32129 FL

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

02-07-06

Daytime Phone #

2 of 2

Dear: Michelle

I did not receive the 2004 notices  
Please wave Penalty Fees

From: Khasan  
Arifkhanov

Apul

02-07-06