

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 30 AM 10:58

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P01000001831**

1. Corporation Name

DAWN PUBLICATION INC.

Principal Place of Business

10300 SW 72ND STREET SUITE 300 / 162
MIAMI FL 33173

Mailing Address

DAWN PUBLICATION
PO BOX 833455
MIAMI FL 33173

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/04/2001

5. FEI Number

65-0733155

Applied For

Not Applicable

6.

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
PD	AHMED, MUBARIK	PO BOX 833455	MIAMI FL 33173
			900024265199 10/30/03--01007--006 **150.00

8. Name and Address of Current Registered Agent

AHMED, MUBARIK
10300 SW 72ND STREET SUITE 300
MIAMI FL 33173

9. Name and Address of New Registered Agent

Name **AHMED MUBARIK**
Street Address (P.O. Box Number is Not Acceptable)
10300 S.W. 72 STREET SUITE 162
Suite, Apt. #, Etc.
SUITE 162
City **MIAMI** State **FL** Zip Code **33173**

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. or 617.0505, F.S.

Signature of
Registered Agent

Mubarik Ahmed

Date **10/25/03**

REGISTERED AGENT MUST SIGN

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:

Mubarik Ahmed (MUBARIK AHMED) (PRESIDENT)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/25/03

Daytime Phone #

305
279-2844

CR2E040 (7/03)

Mubarik Ahmed
President
Dawn Publication, Inc.
10300 S.W. 72nd St. #162
Miami, FL 33173

October 27, 2003

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

Re: Reinstatement Of Dawn Publication

Dear Sir or Madam,

I am writing to you to state that I did not receive an annual report of the above Corporation Renewal. The reason for this is because I was terminally ill for the last two years, and I probably missed the letter in the mail.

I request to you to reinstate Dawn Publication, Inc. for \$150.00. I am enclosing a check for that amount. If you need proof of my medical history, please do not hesitate to contact me at 305-279-2844. Thank you for your kind cooperation.

Sincerely,



Mubarik Ahmed

Enclosed: Application for Reinstatement and check for \$150.00.