

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 JUL 26 AM 11:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03-05

DOCUMENT #

1. Corporation Name
P01000020575
AVIDAH, INC.

2. Principal Office Address
11502 NW 72ND PLACE

Suite, Apt. #, etc.

City & State
PARKLAND, FL

Zip
33076

Country
BROWARD

3. Mailing Office Address
11502 NW 72ND PLACE

Suite, Apt. #, etc.

City & State
PARKLAND, FL

Zip
33076

Country
BROWARD

4. Date Incorporated or Qualified
To Do Business in Florida 2/26/2001

5. FEI Number
65-1153113

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
AVI ATIAS

Street Address (P.O. Box Number is Not Acceptable)
11502 NW 72ND PLACE

Suite, Apt. #, Etc.

City
PARKLAND

State Zip Code
FL 33076

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 07.17.05

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
PD	ATIAS, AVI	11502 NW 72ND PLACE	PARKLAND, FL 33076
STD	ATIAS, DAHLIA	11502 NW 72ND PLACE	PARKLAND, FL 33076

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7.17.05

Daytime Phone #

754-4211786

CR2E031 (01/05)

AVIDAH, INC.

11502 NW 72nd Place

Parkland, FL 33076

FEI 65-1153113

Document # P01000020575

Request for waiver of reinstatement fee for the corporation:

Please be informed that the corporation did not receive the annual report in the year of dissolution – 2003. Accordingly the corporation requests that the \$600.00 reinstatement fee be waived.

Included is payment of \$450.00 for years 2003, 2004 and 2005.
