

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAY -3 AM 8:17

DOCUMENT # **P01000020972**

1. Corporation Name
AFREEN, INC.

2. Principal Office Address
7315 LAKE MAGNOLIA DRIVE

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
NEW PORT RICHEY

City & State

Zip
FLORIDA

Country
USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida 02/26/2001

5. FEI Number
593698295

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$9.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03-05

7. Name and Address of Current Registered Agent

Name
SADIQ LAKHANI

Street Address (P.O. Box Number is Not Acceptable)
7315 LAKE MAGNOLIA DRIVE

Suite, Apt. #, Etc.

City
NEW PORT RICHEY

State
FL

Zip Code
34653

800054334068
05/12/05 01064 005 **1050.00

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

Date 04/28/2005

REGISTERED AGENT MUST SIGN

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	SADIQ LAKHANI	7315 LAKE MAGNOLIA DRIVE	NEW PORT RICHEY FL 34653

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

04-28-05

Date

727-237-4604

Daytime Phone #

CR2E081 (01/05)