

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 MAR -5 PM 12:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PO1000038992

(2002)
2003.

1. Corporation Name

NH MOTOR, INC.

2. Principal Office Address

2785 N DIXIE HWY

Suite, Apt. #, etc.

City & State

WILTON MANORS, FLORIDA

Zip

33334

Country

BROWARD

3. Mailing Office Address

2785 N DIXIE HWY

Suite, Apt. #, etc.

City & State

WILTON MINORS, FLORIDA

Zip

33334

Country

BROWARD

4. Date Incorporated or Qualified

To Do Business in Florida 04/16/2001

5. FEI Number

651094646

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03-09

7. Name and Address of Current Registered Agent

Name

HAMZE NAZIR

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

2785 N DIXIE HWY

Suite, Apt. #, Etc.

City

WILTON MANORS, FLORIDA

State

FL

Zip Code

33334

100029962611
03/05/04--01064--002 **300.00

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

NAZIR

REGISTERED AGENT MUST SIGN

Date 03/01/04

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
D	HAMZE NAZIR	2785 N DIXIE HWY	WILTON MANORS, FL 33334
Delete	Chattine Jamal (D)	Remove	

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:

NAZIR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/01/04

Date

954-561-2797

Daytime Phone #

CR2E081 (01/04)

KATTOURA & ASSOCIATES, INC.
ACCOUNTING, BOOKKEEPING & TAX SERVICES

1499 West Palmetto Pk Rd
Suite 416
Boca Raton, FL 33486
TEL: (561) 362-0491

P.O. Box 728
Boca Raton, FL 33429
FAX: (561) 394-5134

National Society of Tax Professional

March 01 2004

Division of Corporation
P.O. Box 6327
Tallahassee, FL 32314
Reinstatement Section

REF: NH MOTOR, INC.
DOCUMENT # P01000038992

Dears Sirs,

The above referenced corporation has never received any notices before at all. We are enclosing the report and a check in the amount of \$ 300for 2002 and 2003. Please accept this annual report as reinstatement.

Although we would like to verify our address currently is the right one as we show in the annual report form.

Thank you for your cooperation in this matter.

If you have any further question, please do not hesitate to contact us.

Sincerely


Andre K Kattoura

Enclosure (s)
Check 3023 \$ 300.00 Annual fee 2002 and 2003