

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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FILED
04 DEC 13 PM 4:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P010000041485

W04-41606

1. Corporation Name

AL-HAMZ, INC.
1110 SW 191 TERR.
Pembroke Pines, FL 33029

2. Principal Office Address

1110 SW 191 TERR.

Suite, Apt. #, etc.

3. Mailing Office Address

1110 SW 191 TERR.

Suite, Apt. #, etc.

City & State

Pembroke Pines, FL

City & State

Pembroke Pines, FL

Zip

33029

Country

Algeria

Zip

33029

Country

Algeria

4. Date Incorporated or Qualified
To Do Business in Florida

5. FBI Number

57-3712919

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐\$5.75 A national fee required
by a Certificate of Status

7. Name and Address of Current Registered Agent

Name

MUDASSAR H. ISMAIL

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

1110 SW 191 TERR.

Suite, Apt. #, Etc.

City

Pembroke Pines

State

FL

Zip Code

33029

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0603, F.S.

Signature of
Registered Agent

Mudassar H. Ismail

Date 10.30.04

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
DP	ARSHAD ZAKERIA	1110 SW 191 TERR.	Pembroke Pines, FL 33029
DV	MUDASSAR H. ISMAIL	1110 SW 191 TERR.	Pembroke Pines, FL 33029

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01/03/05-01046-012 **300.0

05-04

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:

Mudassar H. Ismail

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/30/04

Daytime Phone #

212

October 27, 2004

From:
Mudassar Ismail
AL-Hamz, Inc.
1110 SW 191 Terrace
Pembroke Pines, FL 33029

To:
State of Florida
Division of Corporations
P.O. Box 1300
Tallahassee, FL 32302-1300

RE: REINSTATEMENT OF AL-HAMZ, INC.
DOCUMENT # P01000041485
FEIN # 593712919

Dear Sir or Madam,

I, the undersigned, affirmatively state that I have not received the notice- UPR Report) due to a possibility of one or more reasons; one, as the address of the corporation has changed, and, two, as a result of the hurricanes affecting the state, delivery of mail has been affected. Therefore, please consider this reinstatement as timely filed.

Thank you very much.


Mudassar H. Ismail