

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAY 17 AM 8:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000042367

1. Corporation Name

FELDA MALL, INC.

41 STATE RD 29

101 NEW MARKET RD EAST

2. Principal Office Address

41 STATE RD 29

3. Mailing Office Address

101 NEW MARKET RD EAST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FELDA, FL

City & State

IMMOKALEE, FL

Zip

33930

Country

US

Zip

34142

Country

US

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

5. FEI Number

90-0015277

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 02-04

7. Name and Address of Current Registered Agent

Name

JAMES L. KARL, II, ESQ.

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

975 N. COLLIER BLVD.

Suite, Apt. #, Etc.

City

MARCO ISLAND

State/

FL

Zip Code

34145

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

5/12/04

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
P	HASAN KARAGOZ	101 NEW MARKET RD EAST	IMMOKALEE, FL 34142
V/S	FATIMA KARAGOZ	101 NEW MARKET RD EAST	IMMOKALEE, FL 34142
T	JEREMIAH DORAN	101 NEW MARKET RD EAST	IMMOKALEE, FL 34142

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:

Jeremiah Doran
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-13-04

Date

Daytime Phone #

CR2001 (01/04)