

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JUN 18 PM 1:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000045454

1. Corporation Name

ZEEBA RASHEED, P.A.

Principal Place of Business

Mailing Address

1 SE 3RD AVE. #1100
MIAMI FL 33131

1 SE 3RD AVE. #1100
MIAMI FL 33131

9611 S.W. 79 Street
Miami, Fla. 33173

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	RASHEED, ZEEBA RASHEED, ZEEBA	1 SE 3RD AVE. #1100 9611 S.W. 79 Street	MIAMI FL 33131 Miami, Fla. 33173

500020513785
06/04/03--01030--001 **150.00

500020513785
06/18/03--01031--002 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

AV AND ASSOCIATES, LLC
7892 SW 101 TERR.
MIAMI FL 33156

Name

Zeeba Rasheed

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

9611 S.W. 79th Street

Suite, Apt. #, Etc.

City

Miami, Fla.

State

Zip Code

FL

33173

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

6-3-03

11. 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6-3-03

305-595-7326
305-754-4200

CR2E040 (8/02)

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Date: June 3rd, 2003

Florida dept. of State
Division of Corporations.
Reinstatement Section
P.O. Box 6327
Tallahassee, Fl. 32314-6327

TO WHOM IT MAY CONCERN:

I am requesting to reinstate my corporation named, Zeeba Rasheed, P.A.
Document # P01000045454.

Due to my daughter's long illness, I was not able to work as much.

I went through extreme financial hardship for last two years due to 9/11 crisis also
as no one was buying commercial real estate.

I am getting back on my feet again. I borrowed \$150.00 from friends to pay for
reinstatement.

Please kindly accept my fee and send me my reinstatement of my corporation-
Zeeba Rasheed, P.A.

Sincere Thanks,

Zeeba Rasheed
9611 S.W. 79 Street
Miami, Fla. 33173
305-595-7326
305-754-4200