

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 OCT 16 PM 1:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P01000048110

**1. Corporation Name**

PERFUME AND GOLD INC

600023857426  
10/16/03--01059--010 \*\*150.00

**2. Principal Office Address**

901 HWY 27 N. #K13

Suite, Apt. #, etc.

City & State

SEBRING, FL

Zip

33870

Country

DADE

**3. Mailing Office Address**

901 HWY 27 N. #K13

Suite, Apt. #, etc.

City & State

SEBRING, FL

Zip

33870

Country

DADE

REINSTATEMENT

03

**4. Date Incorporated or Qualified  
To Do Business in Florida**

05/14/2001

**5. FEI Number**

65-1102570

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED ☐**

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

AHMED, KHALID JAVED

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

901 HWY 27 N #K13

Suite, Apt. #, Etc.

City

SEBRING Ahmed Khalid J.

State

FL

Zip Code

33870

**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

OCT 10, 2003

**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	AHMED, KHALID JAVED	901 HWY 27 N #K13	N MIAMI, FL 33870
VPD	AHMED, RABIA	901 HWY 27 N #K13	N MIAMI, FL 33870

**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

OCT 10, 2003

Date

Daytime Phone #

CR2E081 (10/02)

Oct 10, 2003

Florida Dept. of State  
Glenda E Hood  
Secretary of State  
Division of Corporations

***RE: REINSTATEMENT OF PERFUME AND GOLD, INC***

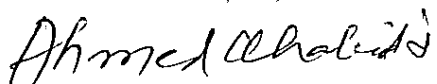
Dear Sir/Madam:

This is to inform you that I did not receive the Uniform Business Report for the year 2003. The Florida Department of State has issued me a certificate of Administrative Dissolution, which I contend based on the fact that I never received the UBR.

Please seriously consider this situation and reinstate my Corporation as it's affecting my business adversely. A check of \$ 150 is enclosed toward UBR filing fee.

Thanks for your assistance in this matter.

Yours truly,



AHMED KHALID JAVED  
PRESIDENT