

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 NOV 12 PM 12:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 02

700008941817
11/12/02--01122--018 **750.00

FLORIDA DEPARTMENT OF STATE

CORPORATION
REINSTATEMENT

Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000048665

1. Corporation Name

BELVEDERE STATION, INC.

2. Principal Office Address

959 N. MILITARY TRAIL

Suite, Apt. #, etc.

City & State

WEST PALM BEACH, FL

Zip

Country

33415

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5/10/2001

5. FEI Number

65-1102057

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

MUHAMMAD S. HASAN

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

5216 MISTY MORN

Suite, Apt. #, Etc.

City

PALM BEACH GARDENS

State
FL

Zip Code
33418

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

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/S/T/D	MUHAMMAD S. HASAN	5216 MISTY MORN	PALM BEACH GARDENS, FL 33418

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:

MUHAMMAD S. HASAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #