

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

02-03

FILED

03 APR -7 PM 1:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000076924

1. Corporation Name

NASEEM SALEEM PA

2. Principal Office Address

7515 SW 6<sup>th</sup> STREET

Suite, Apt. #, etc.

City & State

North Lauderdale FL

Zip

33068

Country

US

3. Mailing Office Address

7515 SW 6<sup>th</sup> STREET

Suite, Apt. #, etc.

City & State

North Lauderdale FL

Zip

33068

Country

US

400015747284

04/11/03--01026--006 \*\*300.00

4. Date Incorporated or Qualified  
To Do Business in Florida

8/06/2001

5. FEI Number

65-1127304

☒ 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

Gerald S. Schnitzer

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

2455 E. Sunrise Blvd Ste 502

Suite, Apt. #, Etc.

City

North Lauderdale

State  
FL

Zip Code

33304

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

Gerald Schnitzer

Date

4-4-03

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
P	Naseem Saleem	7515 SW 6 <sup>th</sup> STREET <del>NOT</del>	North Lauderdale FL 33068

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

4/4/03

Date

954 214 6324

Daytime Phone #

CR2E081 (10/02)

March 27, 2003

Naseem Saleem Pa  
7515 SW 6<sup>th</sup> Street  
North Lauderdale, FL 33068

Corporation Number PO1000076924

Dear Sir or Madam,

You have currently dissolved my corporation for non reporting.

Please find enclosed a copy of the receipt for last years Division of Corporation Filing Report. However, I do not have any evidence that you have deducted this amount from my account. Please reinstate my corporation; I have enclosed a check for \$300.00 which shall cover last year (2002) and this year (2003). Thank you for your time and consideration.

Sincerely,

A handwritten signature in cursive script, appearing to read 'N Saleem', written in dark ink.

Naseem Saleem  
Naseem Saleem PA