

102
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 AUG 17 AM 8:00

DOCUMENT # P01000100312

1. Corporation Name
SARARA INC.

353 N.E. 54TH ST
353 N.E. 54TH ST

2. Principal Office Address
353 N.E. 54TH ST

3. Mailing Office Address
353 N.E. 54TH ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MIAMI, FL.

City & State
MIAMI, FL.

Zip Country
33137 USA

Zip Country
33137 USA

4. Date Incorporated or Qualified
To Do Business in Florida 10/16/01

5. FEI Number
65-1147142 TAX I.D #

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
MUNSEF FAHMI ABU-HAMDEH

Street Address (P.O. Box Number is Not Acceptable)
353 N.E. 54TH ST.

Suite, Apt. #, Etc.

City
MIAMI

State Zip Code
FL 33137

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 8-11-04

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
CO PR	MOHAMMAD HAMDEH	353 N.E. 54TH ST	MIAMI FL. 33137

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

8-11-04

Date

Daytime Phone #

CR2E081 (01/04)

282
SARARA INC.

353 NE 54TH ST. ~ MIAMI, FL. 33137 ~ U.S.A
Phone 305-756-5177 ~ Fax 305-756-5417

August 11, 2004

To whom it may concern,

I'm writing to let you know that our corporation renewal was going to the wrong address for the years 2003 and 2004. We did not rely until the Florida Lotto informed us. Enclosed is the corporation reinstatement form with all the correct and current information and a \$300.00 check.

For any ques. please feel free to call 305-756-5177

Thank You,
Reena Ahmad
bookkeeper