

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 FEB -4 AM 8:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000109501

1. Corporation Name

KASSIM ENTERPRISES, INC.

2. Principal Office Address

2767 Center Court Drive

Suite, Apt. #, etc.

City & State

Weston, Florida

Zip

33332

Country

Broward

3. Mailing Office Address

Same as

Suite, Apt. #, etc.

City & State

4. Date Incorporated or Qualified
To Do Business in Florida

November 13, 2001

5. FEI Number

65-1154857

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

Karim Kassim

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

2767 Center Court Drive

Suite, Apt. #, Etc.

City

Weston

State

FL

Zip Code

33332

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

Karim Kassim

REGISTERED AGENT MUST SIGN

Date

2/3/03

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
D	Karim Kassim	2767 Center Court Drive	Weston, Florida 33332
D	Nuruddin Kassim	2767 Center Court Drive	Weston, Florida 33332
D	Amin Mitha	2767 Center Court Drive	Weston, Florida 33332

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
Karim Kassim

Date

2/3/03

(954) 263-7321

Daytime Phone #