

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 16 PM 2:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000109729**

1. Corporation Name

AL-MIR, INC.

Principal Place of Business

Mailing Address

8709 N. 56TH ST
TEMPLE TERRACE FL 33617

8709 N. 56TH ST
TEMPLE TERRACE FL 33617

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/15/2001

5. FEI Number

59-3761096

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	MUSHTAQ, MIR	15457 PLANTATION OAKS DR #8	TAMPA FL 33647

700023856187
10/16/03--01054--001 **150.00

10/10/20

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BRANDT, MARK W
595 MAIN ST.
DUNEDIN FL 34698

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

11. 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

10/13/03 (813) 987-9278
Date Daytime Phone #

CR2E040 (7/03)

TO : FLORIDA Department of Revenue
From : AL-MIR, INC.
Re : 2003 UBR

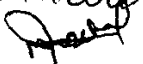
Sir;

The year 2002 is my first year in business. I am ~~not familiar with this Annual report~~. Now that I am aware of it, I realize that the first two reports were sent to my Lawyer who never sent them to me.

I am requesting for the first time to waive any penalty imposed due to my ignorance in this business and this report. I am enclosing a check for \$150.00 representing the original invoice.

Thank you for your understanding and cooperation in solving this matter. If additional information is needed, please call or write at the address below.

8709 N. 56th Street
Temple Terrace FL 33617
Ph: (813) 987-9278

Sincerely;


Mir Mushatak. President