

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS



FILED

02 DEC 11 PM 12:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000111450

1. Corporation Name

KARIM ENTERPRISES, INC.

Principal Place of Business

4840 CASON COVE DR.
#203
ORLANDO FL 32811

Mailing Address

4840 CASON COVE DR.
#203
ORLANDO FL 32811

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/21/2001

5. FEI Number

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	BHIMANI, KURBANALI	4840 CASON COVE DR. #203	ORLANDO FL 32811
VD	BHIMANI, YASMIN	4840 CASON COVE DR. #203	ORLANDO FL 32811

100009473081
12/11/02--01065--004 **150.00

8. Name and Address of Current Registered Agent

BHIMANI, KURBANALI
4840 CASON COVE DR.
#203
ORLANDO FL 32811

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

CR2E040 (8/02)

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

REGISTERED AGENT MUST SIGN

Date 11-19-2002

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-19-2002

Karim Enterprises Inc.
4840 Cason Cove Dr. #203
Orlando, FL 32811

11/19/2002

To whom it may concern:

I just recently received this for form for the first time however, this form says that it has revoked the corporation and I didn't receive any other notice before now. At the current time this Corporation is non-active. I had called the office to find out about this form and the representative said to write a letter and to send in \$150.00 for active status which, I am doing. I hope everything will be clear now. Thank you for your help and support.

Sincerely,


Kurbanali Bhimani