

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000114498

1. Corporation Name

AL HUMD INC

2. Principal Office Address - No P.O. Box #

2859 BIRD AVE

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33133

Country

US

3. Mailing Office Address

2859 BIRD AVE

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33133

Country

US

7. Name and Address of Current Registered Agent

Name

NELOFAR J GHANI

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

2859 BIRD AVE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33133

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

Nelofar J. Ghani

Date

01/29/07

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	NELOFAR J GHANI	2859 BIRD AVE	MIAMI FL 33133

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 contained in Chapter 119, 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:

Nelofar J. Ghani

NELOFAR J GHANI

01/29/07

305-788-3550

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

07 FEB 12 PM 2:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600088462756

02/16/07--01004--008 **300.00

REINSTATEMENT

06-07

CR2E081 (1/07)

4. Date Incorporated or Qualified To Do Business in Florida

11/29/01

5. FEI Number

65-1154921

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.