

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1082

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 NOV 28 AM 9:35

DOCUMENT # p01000117036

1. Corporation Name

shahirdagharacorporation

2. Principal Office Address

535pineislandroad

Suite, Apt. #, etc.

f

City & State

northfortmyers

Zip 33903

Country lee

3. Mailing Office Address

535pineislandroad

Suite, Apt. #, etc.

f

City & State

northfortmyers

Zip 33903

Country lee

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

043594192

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

shahir m daghara

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

535pineislandroad

Suite, Apt. #, Etc.

f

City

northfortmyers

State

FL

Zip Code

33903

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

Date

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	shahir m daghara	535pineislandroad	northfortmyersfl33903

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:

shahir m daghara

shahir m daghara

nov27 2006

239 731 8800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6. 11/28/06

NOV 28 2006

2092

To whom it may Concern:

I Shahir Daghara, president of Shahir Daghara Corporation changed my address from Martin Luther King Blvd to 535 Pine Island Rd. Unit F North Fort Myers FL, 33903. I never recieved my annual report for 2005-2006.