

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 AUG 20 AM 11:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000117036

1. Corporation Name

2. Principal Office Address

3637. M. L. K. Blvd. 3637. M. L. K.

Suite, Apt. #, etc.

# 101

City & State

Ft Myers, FL

Zip

33916

Country

U.S.A

3. Mailing Office Address

3637. M. L. K.

Suite, Apt. #, etc.

101

City & State

Ft Myers, FL

Zip

33916

Country

U.S.A

**REINSTATEMENT**

01-03

100022666991

08/29/03--01066--004 \*\*900.00

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

043594192

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$875 Additional Fee required  
for a Certificate of Status**

**7. Name and Address of Current Registered Agent**

Name

Shahin M Daghighi

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

3637. M.L.K. Blvd

Suite, Apt. #, Etc.

101-

City

Fort Myers

State

FL

Zip Code

33916

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

Shahin Daghighi

Date

8-26-2003

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
PRES	Shahin Daghighi	3637. M.L.K. Blvd.	Fort Myers 33916

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:

Shahin Daghighi Shahin Daghighi 8-26-2003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

239-226-0360

CR2E081 (10/02)