

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PS 122

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUN 14 PM 4:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000001217

1. Corporation Name

AZIZ DISCOUNT FOOD STOP AND BEAUTY SUPPLY
NUMBER 2, INC

2. Principal Office Address

15055 HWY 22 AVE
Suite, Apt. #, etc.

3. Mailing Office Address

15055 HWY 22 AVE
Suite, Apt. #, etc.

City & State

OPA LOCCA - FLA

City & State

OPA LOCCA - FLA

Zip

33054

Country

USA

Zip

33054

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

01-0709059

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

HUQ, HANUFA

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

15055 SW 22 AVENUE

Suite, Apt. #, Etc.

City

OPA-LOCCA

State

FL

Zip Code

33054

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

REGISTERED AGENT MUST SIGN

Date

06/08/04

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 |
|----------|--------------------------------------|---|-----------------------------|
| <u>P</u> | <u>AKTHER, PARVIN</u> | <u>15055 SW 22 AVENUE</u> | <u>OPA-LOCCA - FL 33054</u> |
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

06/08/04

Daytime Phone #

CR2E081 (01/04)

pg 2082

MIAMI, 05/10/2004

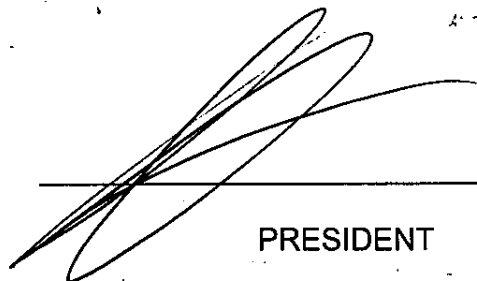
TO: DIVISION OF CORPORATIONS

**SUBJECT: AZIZ DISCOUNT FOODS STOP BEAUTY SUPPLY NUMBER #2, INC
RE INSTATEMENTS FORM 2003-2004**

ENCLOSED PLEASE FIND MY CORPORATION REINSTATEMENT
WITH MY FEE OF \$300.00 FOR THE YEARS 2003 AND 2004, AS
DISCUSSED WITH YOUR DEPARTMENT, DUE I NEVER RECEIVED THE
ORIGINAL REPORT OF 2003 AND 2004, YOU DISOLVED THE
CORPORATION AND I HAD TO DOWNLOADED FROM THE INTERNET PER
YOUR INSTRUCTIONS.

SORRY FOR ANY INCONVENIENCE THIS MAY HAVE CAUSED.

SINCERELY YOURS



PRESIDENT