

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAY 26 PM 2:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000023910

1. Corporation Name

Chaikhana International, Corp

2. Principal Office Address

18555 Collins Ave

Suite, Apt. #, etc.

City & State

Sunny Isles Beach, FL

Zip

33160

Country

US

3. Mailing Office Address

13935 NW 1st Ave

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33168

Country

US

**4. Date Incorporated or Qualified
To Do Business in Florida** 03/04/2002

5. FEI Number
03-0399193

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

Ray Perez & Associates, PA

Street Address (P.O. Box Number is Not Acceptable)
13935 NW 1st Ave

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33168

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

Ray Perez
/ Pres.

REGISTERED AGENT MUST SIGN

Date 05/04/2004

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	Roza Davidov	18555 Collins Ave	Miami, FL 33160

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:

Roman Davidov
/ Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/03/04

Date

305-688-9694

Daytime Phone #

CP2E081 (01/04)

May 4, 2004

State of Florida Div of Corp
PO Box 6327
Tallahassee, Fl. 32314

RE: Chaikhana International, Corp
P02000023910

To whom it may concern:

Enclosed please find a check for \$300.00 to cover the annual fees due from the above corporation. We are also enclosing a reinstatement form since we never received the original renewal form. Please update your records accordingly to show the corporation in a active status.

Thank you in advanced for your cooperation.

Yours truly,


Roman David
President