

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAR -4 AM 8:59

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P02000045135

1. Corporation Name

YOUNG CIRCLE ENTERPRISES, INC.

2. Principal Office Address

7800 NW 42 CT

Suite, Apt. #, etc.

City & State

DAVIE FL

Zip

33324

Country

BROWARD

3. Mailing Office Address

7800NW 42 CT

Suite, Apt. #, etc.

City & State

DAVIE FL

Zip

33324

Country

BROWARD

4. Date Incorporated or Qualified

To Do Business in Florida 04-15-2002

5. FEI Number

01-0684599

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

UDDIN, GIASH

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

7800 NW 42 CT

Suite, Apt. #, Etc.

City

DAVIE

State

FL

Zip Code

33324

100029837814
03/04/04--01058--002 **151.00

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

Giash Uddin

Date 02-24-2004

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	UDDIN, GIASH	7800 NW 42 CT	DAVIE FL 33324
VS	AKHTER, HUMAYARA	7800 NW 42 CT	DAVIE FL 33324

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:

Giash Uddin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-24-2004

Date

954-478-8687

Daytime Phone #

CR2E081 (01/04)

Feb 24, 2004

Florida Department Of State
Division Of Corporations
Tallahassee, Florida 32314

To Whom It May Concern

Dear Sir/Madam

My Corporations name is Young Circle Enterprises, inc. Document # P02000045135 .
EIN # 01-0684599 . When I was trying to pay my Annual Report Fee in the Internet I
found out my corporation was dissolved. When I called your office I found out that last
year when I send my Annual Report fee with application, EIN # was missing in the
application. And you send me a letter. Which I did not received.

Please waive my reinstatement fee and reinstate my corporation. I am enclosing
reinstatement application and renewal fee of \$150.00.

Thank you very much



Sincerely yours

Giash Uddin
President
Young Circle Enterprises, Inc.
7800 NW 42 CT
Davie Fl 33324
Phone 954-478-8687

Enclosed:

1. Reinstatement Application
2. Check \$ 150.00