

PLEASE READ ALL INSTRUCTIONS BEFORE COMF

APPROVED
AND
FILED

05 MAR 21 PM 4:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # PO2000047338

1. Corporation Name

Shasha Enterprise Inc.

2. Principal Office Address

1180 Spring Centre S.

Suite, Apt. #, etc.

Suite 203

City & State

~~Alt. Spgs. Florida~~

Zip

32714

Country

Seminole

3. Mailing Office Address

1180 Spring Centre S.

Suite, Apt. #, etc.

Suite 203

City & State

~~Alt. Spgs. Fl.~~

Zip

32714

Country

Seminole

REINSTATEMENT 03-05

MRS

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number 52-2452607

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

Mike Jabbari

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

1180 Spring Centre South

Suite, Apt. #, Etc.

Suite 203

City

Altamonte Springs

State

FL

Zip Code

32714

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

Mike Jabbari

REGISTERED AGENT MUST SIGN

Date 03-12-05

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
PVST	Mahmoud Goudarzi	707 Spring Island Way	Orlando, Fl. 32828

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:

M. Goudarzi

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/12/05

Date

(407) 682-6361

Daytime Phone #

CR2E081 (01/05)