

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 JAN 17 PM 2:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000063299

1. Corporation Name

AZAM BROTHERS, INC.

2. Principal Office Address

1560 N. US HWY 1

Suite, Apt. #, etc.

City & State

ORMOND BEACH, FL

Zip

32174

Country

U.S.A.

3. Mailing Office Address

1560 N. US HWY 1

Suite, Apt. #, etc.

City & State

ORMOND BEACH, FL

Zip

32174

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

06/07/2002

5. FEI Number

02-0613913

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

TOHIDUL CHOWDHURY

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

1560 N. US HIGHWAY 1

Suite, Apt. #, Etc.

City

ORMOND BEACH

State

FL

Zip Code

32174

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

Tohidul Chowdhury

REGISTERED AGENT MUST SIGN

Date 01/11/2006

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
PTD	TOHIDUL CHOWDHURY	1560 N. US HWY 1	ORMOND BEACH, FL. 32174
VSD	AZAM CHOWDHURY	1560 N. US HWY 1	ORMOND BEACH, FL. 32174

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 contained in Chapter 119, 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:

Tohidul Chowdhury

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/11/2006

Date

386-212-8670

Daytime Phone #

AZAM BROTHERS, INC
1560 N. US HWY 1
ORMOND BEACH, FL. 32174

January 11, 2006

Secretary of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Fl. 32301

Ref.: Doc # P02000063299
AZAM BROTHERS, INC

Dear Sir/Madam,

Enclosed please find Corporation Reinstatement form for the above corporation, As our address was change we did not received the Annual Report for 2003. Enclosed also find a pre-printed Annual Report for 2006. The one check in the amount of \$ 600.00 for all the four years of renewal fees from 2003 to 2006 is also enclosed.

As this is our first time being late kindly, please waive the penalty to reinstate my corporation.

I sincerely apologize for any inconvenience caused to you, and hope to reinstate this corporation as soon as possible.

Thank you,

Sincerely,

A handwritten signature in cursive script, reading "Tohidul Chowdhury".

Tohidul Chowdhury
President