

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 AUG 26 PM 4:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000069002

**1. Corporation Name**

AJMIR BLESSING CORPORATION

**2. Principal Office Address**

12787 MEADOW HAWK DR

Suite, Apt. #, etc.

City & State

FORT MYER, FL

Zip

33912

Country

LEE

**3. Mailing Office Address**

12787 MEADOW HAWK DR

Suite, Apt. #, etc.

City & State

FORT MYERS, FL

Zip

33912

Country

LEE

**4. Date Incorporated or Qualified**

To Do Business in Florida 06-21-2002

**5. FEI Number**

47-0892257

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

SYEDA L. ALAM

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

12787 MEADOW HAWK DR.

Suite, Apt. #, Etc.

City

FT. MYERS,

State

FL

Zip Code

33912

**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

Syeda L. Alam

Date 8-8-04

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
PTD	SYEDA L ALAM	12787 MEADOW HAWK DR	FORT MYERS, FL 33912
SD	BAKI SABER	3001 FOWLER ST	FORT MYERS, FL 33901
VD	ROKSHANA ZAMAN	3001 FOWLER ST	FORT MYERS, FL 33901

**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:

Syeda L. Alam

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7-2-04 (239) 561-2023

Daytime Phone #