

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

10 JAN 29 PM 2:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 08-10

100167536331

01/29/10--01027--020 \*\*450.00

CR2E081 (11/09)

DOCUMENT # P02000095801

1. Corporation Name

Maheer Distribution, Inc

2. Principal Office Address - No P.O. Box #

10385 E. Colonial Drive

Suite, Apt. #, etc.

3. Mailing Office Address

10385 E. Colonial Drive

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32817

Country

USA

Zip

32817

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

09/04/02

5. FEI Number

14-1845953

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

Akbar Parpia

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

5020 Keeneland Circle

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32835

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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

Akbar Parpia

REGISTERED AGENT MUST SIGN

Date 01-21-09

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	Akbar Parpia	5020 Keeneland Cir Orlando, FL 32835	Orlando, FL 32835
VP	Noorudin Pabani	2337 Lake Debra Dr. Apt 512	Orlando, FL 32835

202/1

10. E-mail Address:

(To be used for future annual report notification)

11. 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. I further certify 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:

Akbar Parpia

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-21-09

Date

407-831-1399

Daytime Phone #