

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 26 AM 10:24

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P02000100284

1. Corporation Name

LUCKY INTERNATIONAL OF ORLANDO, INC.

Principal Place of Business

2893 S DELANEY AVE
ORLANDO FL 32806

Mailing Address

4683 SUMMER OAK ST STE 2305
ORLANDO FL 32835



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

LUCKY INT OF ORLANDO INC

Suite, Apt. #, etc.

7511 SEURAT ST. APT 203

City & State
ORLANDO FL

Zip
32819-7314

Country
ORANGE

3. New Mailing Office Address, If Applicable

LUCKY INT OF ORLANDO INC

Suite, Apt. #, etc.

7511 SEURAT ST. APT 203

City & State
ORLANDO FL

Zip
32819-7314

Country
ORANGE

4. Date Incorporated or Qualified
To Do Business in Florida

09/17/2002

5. FEI Number

06-1648596

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DPST	KESHWANI, ASLAM	2893 S DELANEY AVE	ORLANDO FL 32806
DPST	KESHWANI, SHAZIA	2893 S DELANEY AVE	ORLANDO FL 32806
DPST	KESHWANI, ASLAM	7511 SEURAT ST, APT 203	ORLANDO FL 32819
DPST	KESHWANI, SHAZIA	7511 SEURAT ST, APT 203	ORLANDO FL 32819
			500025761845 12/26/03--01012--015 **750.00

8. Name and Address of Current Registered Agent

SPiegel & UTRERA, P.A.
1840 SW 22 ST 4 FLR
MIAMI FL 33145

9. Name and Address of New Registered Agent

Name
KESHWANI, ASLAM
Street Address (P.O. Box Number is Not Acceptable)
7511 SEURAT ST
Suite, Apt. #, Etc.
APT # 203
City
ORLANDO
State
FL
Zip Code
32819

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

Date 12-18-03.

REGISTERED AGENT MUST SIGN

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 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-18-03. 407-248-9519

Date

Daytime Phone #

CR2E040 (7/03)