

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 OCT 20 AM 9:42

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # P02000109075

1. Corporation Name

FAR & SONS, INC.

Principal Place of Business

Mailing Address

757 SILVERWOOD DRIVE  
LAKE MARY FL 32746

757 SILVERWOOD DRIVE  
LAKE MARY FL 32746

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

10/08/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

757 SILVERWOOD DRIVE  
LAKE MARY, FLORIDA

City & State

11-3669739

Not Applicable

Zip  
32746

Country  
U.S.A

Zip

Country

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
<del>PSTD</del>	<del>Gharachorloo, Farid</del>	<del>757 SILVERWOOD DRIVE</del>	<del>LAKE MARY FL 32746</del>
PSTD	RASHEDI, NARJESS	757 SILVERWOOD DRIVE	LAKE MARY, FL 32746

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~Gharachorloo, Farid~~  
~~757 SILVERWOOD DRIVE~~  
~~LAKE MARY FL 32746~~

Name

~~RASHEDI, NARJESS~~

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

757 SILVERWOOD DRIVE.

Suite, Apt. #, Etc.

City

LAKE MARY.

State

FL

Zip Code

32746

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

*Narjess Rashedi*  
SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date 10.17.03

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:

*Narjess Rashedi*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10.17.03

Date

407-696-1444

Daytime Phone #

CR2040 (7/03)

OCT 17/2003

TO whom it may concern;

On sep 24/03 I registered-mail the requested documents signed and your office did not receive it so I am sending all the documents again plus a copy of express-mail receipt from the post office as a proof.

If there is any other concerns please  
Do not hesitate to call (407) 696-1444.

THE Document I send before received BY MR. PETERSON  
I got sign copy from  
Post office and I sending  
THANK You.  
NARJESS RASHEDI You a copy.