

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P02000110415

1. Corporation Name

NAHIDA, INC.

Principal Place of Business

8926 S.E. NORTH PASSAGE WAY  
TEQUESTA FL 33469

Mailing Address

8926 S.E. NORTH PASSAGE WAY  
TEQUESTA FL 33469

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

10/14/2002

5. FEI Number

542079406

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	DURHAM, NAHIDA D	8926 S.E. NORTH PASSAGE WAY	TEQUESTA FL 33469

000023919930  
10/17/03--01092--009 \*\*\*150.00

8. Name and Address of Current Registered Agent

DURHAM, NAHIDA D  
8926 S.E. NORTH PASSAGE WAY  
TEQUESTA FL 33469

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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]*

REGISTERED AGENT MUST SIGN

Date

10/14/03

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]* Nahida Durham 10/14/03 561-747

Date

Daytime Phone #

5757

FILED

03 OCT 17 AM 8:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT 03

CR2040 (7/03)

Q918

75 East Indiantown Road  
#506-320  
Jupiter, FL 33477

Telephone 561-512-2122  
Fax 561-743-1616  
NahidaOne@aol.com

To whom it may concern  
Please, be advised that I did not receive  
a UBR notice.

Enclosed is a ck. for the reinstatement  
fee.

With my appology

Sincerely

Nahida Durham

