

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 # **P02000111246**

1. Corporation Name

**S.S.S. MEMONS, INC.**

Principal Place of Business

754 N APOLLO BLVD.  
MELBOURNE FL 32904

**32935**

Mailing Address

754 N APOLLO BLVD.  
MELBOURNE FL 32904

**32935**

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

**REINSTATEMENT**

**03**

4. Date Incorporated or Qualified  
To Do Business in Florida

**10/15/2002**

5. FEI Number

☒ 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
<b>D</b>	<b>MEMON, TARIQ I</b>	<b>1506 OCEAN COVE ST.</b>	<b>SEBASTIAN FL 32952</b>

**000024251220**

**10/29/03--01046--001 \*\*150.00**

8. Name and Address of Current Registered Agent

**MEMON, TARIQ I**  
**754 N APOLLO BLVD.**  
**MELBOURNE FL 32904**

**32935**

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 REQUIRED**

REGISTERED AGENT MUST SIGN

Date

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)(l), 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**  
**TARIQ I MEMON**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**10-25-03**

Date

Daytime Phone #

**321-242-8811**

CR2E040 (7/03)

October 24, 2003

Florida Dept of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Attn: Glenda E. Hood  
Re: S.S.S. Memons, Inc

You have revoked my corporation due to non-compliance with UBR notices that you sent to me. I have received no notices, and I am wondering if you may have received them by return mail..

In this town, my street, Apollo Blvd, was completed in two stages, one half of it is 32901 zip and the half is 32935. The lot numbers are not consistent. On several occasions we have had interruptions of mail by it having been returned to the sender. It is common practice to receive a phone call from a customer looking for our number on the other end of the street.

If you would insert "Plaza Cleaners" in the address to me, I am sure that would help.

S.S.S. Memons, Inc is active and I sincerely request that you waive the reinstatement fee and accept my check in the amount of \$150.00.

Very truly yours,



Teria Memon  
President

TM/tm