

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 FEB 16 PM 1:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000116307

1. Corporation Name

NAWAZ HOLDINGS INC,

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

2800 NW 19TH STREET

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FORT LAUDERDALE

City & State

Zip
33311

Country
USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10-30-2002

5. FEL Number
56-2301247

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
SHAMSER N. CHOWDHURY

Street Address (P.O. Box Number is Not Acceptable)
2800 NW 19TH STREET

Suite, Apt. #, Etc.

City
FORT LAUDERDALE

State
FL

Zip Code
33311

☒ 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

S.N. Chowdhury

REGISTERED AGENT MUST SIGN

Date 8TH FEB.2007

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
PRESIDENT	SHAMSER N. CHOWDHURY	2800 NW 19TH STREET	FORT LAUDERDALE FL33311
V.P.	NASREEN CHOWDHURY	2800 NW 19TH STREET	FORT LAUDERDALE FL33311

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03/19/07--01027--025 **100.00

10. 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 contained in Chapter 119, 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:

S.N. Chowdhury

SHAMSER N. CHOWDHURY

8TH FEB.2007

954-735-1613

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #


2082

TO
DIVISIONS OF CORPORATION
REF:P02000116307

ACCORDING TO MY PHONE CONVERSATION WITH ONE OF THE AGENT I AM
SENDING AN APPLICATION TO RE-INSTATE OF OUR CORPORATION WITH A MO
FOR \$600.00. AS WE NEVER RECEIPT RENEWAL NOTICE.

THEREFORE YOU ARE CORDIALLY REQUESTED TO RE-INSTATE THE ABOVE
MENTIONED CORPORATION AS SOON AS POSSIBLE.

THANK YOU VERY MUCH FOR YOUR CO-OPERATION. PLEASE LET US KNOW
AFTER RE-INSTATED THRU E=MAIL SNC5595@YAHOO.COM. PLEASE FEEL FREE TO
CALL ME SHOULD YOU HAVE ANY QUESTIONS. 954-444-3052

YOUR'S TRULY

[SHAMSER N. CHOWDHURY]
8TH FEBRUARY, 2007.