

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
04 JUN 23 AM 11:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000122691

1. Corporation Name

ISOPRANI, INC.

2. Principal Office Address

1801 PALM BEACH LAKES BLVD

Suite, Apt. #, etc.

#532

City & State

WEST PALM BEACH, FL

Zip

33401

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

4. Date Incorporated or Qualified  
To Do Business in Florida

11-14-2002

5. FEI Number

56-2370183

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

ASKAR, KHAIR

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

641 NE 6TH AVE

Suite, Apt. #, Etc.

City

BOYNTON BEACH

State

FL

Zip Code

33435

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

*Askar Khair*

Date

6-15-04

REGISTERED AGENT MUST SIGN

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
PD	ASKAR, KHAIR	641 NE 6TH AVE	BOYNTON BEACH, FL. 33435

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 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:

*Askar Khair*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6-15-04

Daytime Phone #

CR2081 (01/04)