

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

05 JAN 28 AM 9:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P02000/22999

1. Corporation Name

MUNIR INTERNATIONAL, INC.

**REINSTATEMENT** 04-05

MRS

2. Principal Office Address

926 Santa Maria Blvd.

Suite, Apt. #, etc.

City & State

St. Augustine, FL

Zip  
32086

Country  
USA

3. Mailing Office Address

926 Santa Maria Blvd.

Suite, Apt. #, etc.

City & State

St. Augustine, FL

Zip  
32086

Country  
USA

4. Date Incorporated or Qualified  
To Do Business in Florida

11-14-2002

5. FEI Number

20-2215460

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

MD REZAUR RAHMAN

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

926 Santa Maria Blvd.

Suite, Apt. #, Etc.

City

St. Augustine

State

FL

Zip Code

32086

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

11/17/05

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	MD REZAUR RAHMAN	926 Santa MARIA BLVD	ST. AUGUSTINE, FL 32086

200046295232  
02/10/05--01010--009. \*\*300.00

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 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MD Rezaur Rahman

11/27/05

Date

904  
797-6888

Daytime Phone #

CR2E081 (01/05)