

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

192

FILED

05 APR -4 AM 8:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State

DIVISION OF CORPORATIONS

WD5000015129

DOCUMENT #

P02000129070

1. Corporation Name

Razan Inc

2. Principal Office Address

2101 W. Main St

Suite, Apt. #, etc.

City & State

Leesburg FL

Zip

34748

Country

LaKe

3. Mailing Office Address

2101 W Main St.

Suite, Apt. #, etc.

City & State

Leesburg FL

Zip

34748

Country

LaKe

REINSTATEMENT

03-05

4. Date Incorporated or Qualified
To Do Business in Florida

12.9.02

5. FEI Number

16.1653026

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

Darin Abdel Fattah

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

2101 W main st

Suite, Apt. #, Etc.

City

Leesburg

State

FL

Zip Code

34748

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]

Date

3.29.05

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
President	Darin Abdel Fattah	2101 W main st	Leesburg FL 34748
Mgr	Khaled Samara	2101 W main st	Leesburg FL 34748

400051138794

04/19/05--01005--023 **450.00

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

3.15.05

Date

352 326 5771

Daytime Phone #

CR2E081 (01/05)

2092 ✓

RAZAN CORP

LEESBURG CHEVRON
2101 W MAIN STREET
LEESBURG, FLORIDA 34748
(352)326-5771

February 25, 2005

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

Subject: Reinstatement Fee, Ref # P02000129070

I was advised that I would not have to pay this penalty due to the fact I did not receive a form to pay. By way of this letter I am requesting an abatement of this penalty.

Year Reinstate 2003 + 2004, and 2005

Sincerely,

Darin Abdelfattah



Year