

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #P03000071481

1. Corporation Name

Ashraf Marketing International, Inc.

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

1301 NEW TOWN AVE.

Suite, Apt. #, etc.

City & State

ORLANDO, FLORIDA

Zip

32835

Country

USA

3. Mailing Office Address

1301 New Town Ave.

Suite, Apt. #, etc.

City & State

Orlando, Florida

Zip

32835

Country

USA

7. Name and Address of Current Registered Agent

Name

ADEELA SIDDIQUI & MUHAMMAD YOUSAF

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

7686 ST. STEPHENS CT.

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32835

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

[Handwritten Signature]

V.P

REGISTERED AGENT MUST SIGN

Date 08/31/10

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
V.P	ADEELA TAMANNA SIDDIQUI	1301 NEW TOWN AVE.	ORLANDO, FL 32835
President	MUHAMMAD YOUSAF	1301 NEW TOWN AVE.	ORLANDO, FL 32835

10. E-mail Address: ADEELASIDDIQUI@YAHOO.COM

(To be used for future annual report notification)

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. I further certify 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:

[Handwritten Signature]

V.P

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/31/10

Date

407-844-3734

Daytime Phone #

FILED

10 NOV -2 PM 4:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000185051490
09/03/10-01037-002 **1200.00
REINSTATEMENT 07-10

4. Date Incorporated or Qualified
To Do Business in Florida

JUNE 27, 2003

5. FEI Number
56-2373624

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status