

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 FEB 14 AM 10:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PO 3000 104545

1. Corporation Name

MUNA KARIN #1, INC.

2. Principal Office Address

10823 Biscayne Blvd

Suite, Apt. #, etc.

City & State

MIAMI FLORIDA

Zip

33161

Country

U.S.A

3. Mailing Office Address

10823 Biscayne Blvd

Suite, Apt. #, etc.

City & State

MIAMI FLORIDA

Zip

33161

Country

U.S.A

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

20-0343931

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

ELIAS MOHAMMAD

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

1760 South Glades Dr.

Suite, Apt. #, Etc.

City

NMPO

State
FL

Zip Code

33162

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

REGISTERED AGENT MUST SIGN

Date 12/24/04

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
PO	ELIAS MOHAMMAD	1760 South Glades Dr.	NMPO FL 33162
SD	PARVIN U AKHTER	1760 South Glades Dr.	NMPO FL 33162
VD	CHANDRA DAS DILIPU	1760 South Glades Dr.	NMPO FL 33162
			800045905278 02/21/05--01022--012 **150.00
			INTERMENT 04-05
			800046905278 02/21/05--01022--011 **150.00

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/24/04

Date

Daytime Phone #

CR20081 (01/04)

MIAMI,01/01/2005

TO: DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

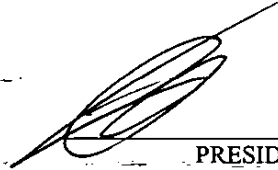
SUBJECT: REINSTATEMENT FORM
ANNUAL REPORT /2004.

MONA YACIN #1 Inc.

DEAR SIR

AS PER COVERSATION WITH YOUR DEPARTMENT ENCLOSED FIND MY
REINSTATEMENT FORM, AS DISCUSSED, FOR THE YEAR ,2004 AND APPLICABLE FEES
OF \$ 150.00, DUE THAT I NEVER RECEIVED THE ANNUAL REPORT 2004 AND MY COMPANY
WAS DISOLVED WITHOUT PRIOR NOTICE. DUE YOU HAD THE WRONG ADDRESS; PLEASE
RE-INSTATE MY COMPANY ASAP.

SINCERELY YOURS



PRESIDENT