

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

102

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 DEC 29 PH 1:43

DOCUMENT # P 03000130847

1. Corporation Name

AMULAKH ENTERPRISES, INC

2. Principal Office Address

2006 N.E. 164 ST

Suite, Apt. #, etc.

3. Mailing Office Address

1282 N.E. 163 ST

Suite, Apt. #, etc.

City & State

N. MIAMI BCH, FL

City & State

N. MIAMI BCH, FL

Zip

33162

Country

USA

Zip

33162

Country

USA

REINSTATEMENT 04

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

20-0414818

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$375 Additional Fee required for Certificate of Status

7. Name and Address of Current Registered Agent

Name

MOOMTAZ BHAMANI

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

2006 N.E. 164 STREET

Suite, Apt. #, Etc.

City

N. MIAMI BCH

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

Mumtaz Bhamani  
REGISTERED AGENT MUST SIGN

Date

9-8-04

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
P	MOOMTAZ BHAMANI	2006 N.E. 164 ST	N. MIAMI BCH, FL - 33162

600043698506  
12/29/04--01033--003 \*\*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 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 that the signatures 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:

Mumtaz Bhamani

9-8-04

To,  
Fla. Dept. of state  
Reinstatement Section

2012

Re: Doc. # P03000130847  
Renewal of Annual Report-  
2004

Dear Sir,

ENClosed check for \$150 - including  
Reinstatement Forms as per your instructions over  
the phone.

I never receive renewal Form  
must have misplaced in the mail.

I don't know about the Computer  
my neighbor help me find forms

--- Please Reinstale my Corporation ---  
and Waive the Late Fee because I  
didn't receive any notice or Forms.

Thank You Kindly

Sincerely Yours

Moontag Bhamam