

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2007 NOV -2 PM 12:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P04000015637

1. Corporation Name

**PAKAMER INC**

400111639754  
11/02/07--01031--012 \*\*450.00

**REINSTATEMENT**

05-07

2. Principal Office Address - No P.O. Box #  
24791 SW 177 TH AVENUE

3. Mailing Office Address  
24791 SW 177 TH AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
HOMESTEAD, FLORIDA

City & State  
HOMESTEAD, FLORIDA

Zip  
33031

Country  
U.S.A.

Zip  
33031

Country  
U.S.A.

4. Date Incorporated or Qualified  
To Do Business in Florida 01/21/2004

5. FEI Number  
20-0647754

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  
FARHATULLAH YOUNUS

Street Address (P.O. Box Number is Not Acceptable)  
24791 SW 177 TH AVENUE

Suite, Apt. #, Etc.

City  
HOMESTEAD

State  
FL

Zip Code  
33031

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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

*Farhatullah Younus*

REGISTERED AGENT MUST SIGN

Date 10/29/2007

**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
PTD	NASIMUL G. BELAGAM	24791 SW 177 TH AVENUE	HOMESTEAD, FL. 33031
VSD	FARHATULLAH YOUNUS	24791 SW 177 TH AVENUE	HOMESTEAD, FL. 33031
VD	KHORAM JAHANGIR	24791 SW 177 TH AVENUE	HOMESTEAD, FL. 33031

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 contained in Chapter 119, 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

*Farhatullah Younus*

FARHATULLAH YOUNUS

10/29/2007

954-803-2673

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/70