

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000120162

1. Corporation Name

MALIHA INC.

2. Principal Office Address

3408 SNOWBELL CT.

Suite, Apt. #, etc.

City & State

ORLANDO, FL

Zip

32810

Country
USA

3. Mailing Office Address

3408 SNOWBELL CT.

Suite, Apt. #, etc.

City & State

ORLANDO, FL

Zip

32810

Country
USA

FILED

2006 OCT 31 PM 1:30

SECRETARY OF STATE
TALLAHASSEE FLORIDA

REINSTATEMENT 05.06

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida 08/19/2004

5. FEI Number

PENDING

☒ 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

ALAMGIR HOSSAIN

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

3408 SNOWBELL CT.

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32810

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

X A.H.

REGISTERED AGENT MUST SIGN

Date 10/24/06

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	ALAMGIR HOSSAIN	3408 SNOWBELL CT.	ORLANDO, FL 32810
VP	SABERA BEGUM	3408 SNOWBELL CT.	ORLANDO, FL 32810
S	SABBIR HOSSAIN	3408 SNOWBELL CT.	ORLANDO, FL 32810
D	NAZMA ZAMAN	3408 SNOWBELL CT.	ORLANDO, FL 32810
D	SULTANA ZAHID	3408 SNOWBELL CT.	ORLANDO, FL 32810

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:

X A.H.

- ALAMGIR HOSSAIN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/24/06

Date

407-463-9250

Daytime Phone #

M. Williams OCT 31 2006

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MALIHA, INC.
3408 SNOWBELL COURT
ORLANDO, FL 32810
(407)463-9250

October 24, 2006

Florida Department of State

RE: MALIHA INC – DOC # P04000120162
NON-RECEIPT OF ANNUAL REPORT NOTICES IN 2005 AND 2006

Dear Sir or Madam:

Please accept our application for corporation reinstatement along with our attached check for \$300.00 and reinstate our corporation.

Please waive the associated reinstatement fees because we did not receive any annual report notices for the last two years 2005 and 2006.

Thank you for your understanding and cooperation.

Sincerely,

X A.H.

Alamgir Hossain