

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM:

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAY 12 AM 9:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000056643

1. Corporation Name

BIBINAJIBE & Company Inc

REINSTATEMENT 08-10

500180785635
05/12/10--01037--009 **450.00

CR2E081 (4/10)

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

184 N University Drive

Suite, Apt. #, etc.

3. Mailing Office Address

184 N University Drive

Suite, Apt. #, etc.

City & State

Pembroke Pines FL

City & State

Pembroke Pines FL

Zip

33024

Country

USA

Zip

33024

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

04/15/2005

5. FEI Number

20-2732136

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

Bibi N Baksh

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

184 N University Drive

Suite, Apt. #, Etc.

City

Pembroke Pines

State

FL

Zip Code

33024

PROFIT CORPORATIONS ONLY

☒ The \$600.00 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

Bibi Baksh

Date 5/10/10

REGISTERED AGENT MUST SIGN

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
PD	Naieem Abdool	611 NW 86 th Avenue	Pembroke Pines, FL 33024
STD	Bibi N Baksh	184 N University Drive	Pembroke Pines, FL 33024

10. E-mail Address:

Bibinaj@AOL.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:

Bibi Baksh

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/10/10 954-829-2480

Daytime Phone #