

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 OCT -7 AM 11:48

DOCUMENT # **P05000133603**

1. Corporation Name

SUPER STOP MIAMIGARDENS, INC.

400161457614
10/07/09--01036--002 **8.75

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

19301 NW 2nd Ave

Suite, Apt. #, etc.

3. Mailing Office Address

19301 NW 2nd Ave

Suite, Apt. #, etc.

City & State

MIAMIGARDENS, FL

Zip

33169

Country

City & State

MIAMIGARDENS, FL

Zip

33169

Country

4. Date Incorporated or Qualified
To Do Business in Florida

Sep 18, 2006

5. FEI Number

20-3541541

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

☒ 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.

7. Name and Address of Current Registered Agent

Name

KHAN JAMSHID

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

5234 GATE LAKE RD

Suite, Apt. #, Etc.

City

TAMARAC

State

FL

Zip Code

33319

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

JAMSHID KHAN

REGISTERED AGENT MUST SIGN

Date **10/3/09**

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	JAMSHID KHAN	5234 GATE LAKE RD	TAMARAC, FL 33319

REINSTATEMENT 07-09 KS

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/3/09 (954)
907-9945
Date Daytime Phone #