

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P06000021756

1. Corporation Name

IMAN PETRO, INC.

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

2590 RECKER HIGHWAY

Suite, Apt. #, etc.

City &amp; State

WINTER HAVEN, FL

Zip

33880

Country

3. Mailing Office Address

2590 RECKER HIGHWAY

Suite, Apt. #, etc.

City &amp; State

WINTER HAVEN, FL

Zip

33880

Country

7. Name and Address of Current Registered Agent

Name

FARID AHMED

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

215 RUBY LAKE LN

Suite, Apt. #, Etc.

City

WINTER HAVEN

State

FL

Zip Code

33881

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

Farid Ahmed (Iman Petro Inc)

REGISTERED AGENT MUST SIGN

Date 02/16/2010

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	FARID AHMED	215 RUBY LAKE LN	WINTER HAVEN FL 33884
VP	MOHAMMED R KARIM	5376 CHANDLER DRIVE	WINTER HAVEN FL 33884

CC 3/15

10. E-mail Address: faridahmed52@yahoo.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.

PRESIDENT

SIGNATURE:

02/16/2010 863-293-0005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

10 MAR 12 AM 10:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 08-10

900170230959  
02/23/10--01020--014 \*\*300.00900170230959  
03/12/10--01024--018 \*\*150.00  
CR22081 (1/100)4. Date Incorporated or Qualified  
To Do Business in Florida 02/12/20065. FEI Number  
20-4313151Applied For  
Not Applicable6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required  
for a Certificate of Status☒ 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.