

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000054318

1. Entity Name
AMIR RUB GALLERY OF NAPLES, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

37 OCT 23 AM 9:55

Principal Place of Business Mailing Address
14700 TAMIAI TRL N 14700 TAMIAI TRL N
1 1
NAPLES, FL 34110 NAPLES, FL 34100

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Zip Country Zip Country

10052007 REIN-P CR2E098 (1/07)

4. FEI Number 14-1958274 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MASOUDIEH, MAHMOUD M
14700 TAMIAI TRL N
1
NAPLES, FL 34110

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and file if applicable. [NOTE: Registered Agent signature required when reinstating] DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2008, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P
NAME MASOUDIEH, MAHMOUD M ☐ Delete
STREET ADDRESS 1321 CHISOLM TRL
CITY- ST- ZIP DAYTON, OH 45458

TITLE VP
NAME MOSTATABZADEH, SAIED M ☐ Delete
STREET ADDRESS 1321 CHISOLM TRL
CITY- ST- ZIP DAYTON, OH 45458

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME 600111197286
STREET ADDRESS 10/23/07--01025--006 **150.00
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY- ST- ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mahmoud Mostatabzadeh 10-16-07 239-597-1223
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #