

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

10 NOV 18 PM 3:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P-06000132718

1. Corporation Name

RAJ ENTERPRISE OF LAKE LAND INC.

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

2045 ARIANA ST

3. Mailing Office Address

SAME AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LAKE LAND FL

City & State

Zip

33803

Country

Zip

Country

**REINSTATEMENT** 08-10

CR2E081 (6/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

☐ 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

ABDUL HAKIM

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

2045 ARIANA ST

Suite, Apt. #, Etc.

City

LAKE LAND

State  
**FL**

Zip Code

33803

000187919540  
11/18/10--01033--003 \*\*1050.00

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

[Signature]

Date 11/12/2010

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
<u>D</u>	<u>MOHAMMED SAHA ALAM</u>	<u>3262 Bolland Rd.</u>	<u>W. P. 6 FL 33411</u>
<u>VP</u>	<u>MOHAMMED JASHIM UDDIN CHOWDHURY</u>	<u>4415 JAMIE CT APT#206</u>	<u>LAKE LAND FL 33513</u>
<u>T</u>	<u>ABDUL HAKIM</u>	<u>3362 Bolland Rd.</u>	<u>W. P. 6 FL 33411</u>

10. E-mail Address: RASEL 3256 @ 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.

SIGNATURE:

[Signature] ABDUL HAKIM

11-12-10

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #