

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

10 JUN 21 PM 1:39

DOCUMENT # P07000037426

1. Corporation Name
A&R YOGURT AND ICE CREAM INC.

000181474620
05/28/10--01020--016 **150.00

KS

2. Principal Office Address - No P.O. Box #
2901 Clint Moore Road

3. Mailing Office Address
2901 Clint Moore Road

Suite, Apt. #, etc.
#4

Suite, Apt. #, etc.
#4

City & State
Boca Raton, FL

City & State
Boca Raton, FL

Zip
33496

Country
USA

Zip
33496

Country
USA

REINSTATEMENT 08-10

4. Date Incorporated or Qualified
To Do Business in Florida yes

5. FEI Number
14-1996087

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
MOHAMMED R. AZAM

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

2901 Clint Moore Road,

Suite, Apt. #, Etc.

#4

City
Boca Raton

State
FL

Zip Code
33496

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

REGISTERED AGENT MUST SIGN

Date 5/25/10

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 | Mohammed R. Azam | 2901 Clint Moore Road, #4 | Boca Raton, FL 33496 |
| | | | |
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| | | | |
| | | | |
| | | | |

000181474620
06/23/10--01011--012 **300.00

10. E-mail Address:

(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561-305-1603