

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

11 DEC 12 PM 1:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Handwritten signature]

CORPORATION
REINSTATEMENT
2011



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P07000093870

1. Corporation Name

BANGLA BAY ENTERPRISES, INC.

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

2390 DUNCAN RD.

Suite, Apt. #, etc.

3. Mailing Office Address

2390 DUNCAN RD

Suite, Apt. #, etc.

City & State

PUNTA GORDA, FL

City & State

PUNTA GORDA, FLORIDA

Zip

FL

Country

CHARLOTTE

Zip

33982

Country

CHARLOTTE

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

90-0336029

☐ 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

MOHAMMAD AZAD

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

2390 DUNCAN RD.

Suite, Apt. #, Etc.

City

PUNTA GORDA

State

FL

Zip Code

33982

100215111741
12/12/11--01054--004 **750.00

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

[Handwritten signature]

Date

11/21/11

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
PRES	MOHAMMAD AZAD	17810 MURDOCK CIR, #103	PORT CHARLOTTE, FL 33948
V.P. & Secy	HUMAYUN KABIR SAPAN	1218 SLASH PINE CIR, #113	PUNTA GORDA, FL 33950

10. E-mail Address: MOHAMMAD AZAD @ CenturyLink.NET

(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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

[Handwritten signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/24/11

Daytime Phone #