

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS ✓

DOCUMENT # P07000125773

1. Corporation Name

MO & OM, INC.

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

3801 6TH STREET SOUTH

Suite, Apt. #, etc.

3. Mailing Office Address

3801 6TH STREET SOUTH

Suite, Apt. #, etc.

City & State

ST. PETERSBURG, FL

City & State

ST. PETERSBURG, FL

Zip

33705

Country

Zip

33705

Country

REINSTATEMENT

200167767732

02/02/10--01012--014 **450.00

CR2E081 (11/09)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
26-1458569

☐ 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

KAMAL, OMAR S

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

1554 QUAIL DRIVE

Suite, Apt. #, Etc.

3

City

WEST PALM BEACH

State

FL

Zip Code

33409

☒ 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.

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

Mohammed Karahidi

REGISTERED AGENT MUST SIGN

Date 01/28/2010

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 | MOSABBER, AKM F | 3801 6TH STREET SOUTH | ST PETERSBURG, FL 33705 |
| VP | UDDIN, MOHAMMED K | 3801 6TH STREET SOUTH | ST PETERSBURG, FL 33705 |
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| | | | |
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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:

Mohammed Karahidi

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/28/2010

Date

Daytime Phone #