

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

2020 MAY 20 PM 12:07

DOCUMENT # P12000040897

1. Corporation Name

Farrisma Inc.

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

1696 Palm Avenue

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Pembroke Pines Florida

Zip

County

33025

Broward

City & State

Zip

Country

400844845884
05/19/20--01008--006 **\$500.00
CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

05/01/2012

5. FEI Number

45-5222501

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

Isma Akhter

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

1520 SW 147 Avenue

Suite, Apt. #, Etc.

City

Pembroke Pines

State

FL

Zip Code

33027

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

Isma Akhter

REGISTERED AGENT MUST SIGN

Date

May 15, 2020

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
PDTs	Isma Akhter	1520 SW 147 Avenue	Pembroke Pines, FL 33027

MAY 20 2020

R. HUNT

REINSTATEMENT

10. E-mail Address: ismaakhter@gmail.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., 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:

Isma Akhter

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 15 2020 (954) 681-8651

Daytime Phone #

May 15, 2020

To Whom it Concerns Sunbiz Copoations,

My name is Isma Akhter. This peratins to reinstatement of Farrisma Inc. Document number P12000040897. I am the same person who owns the other corporation with the same name, they are the same corportion. I would like this document number to be active. I want to reinstate the old one, document P12000040897. Thank you for your Assistance.

Sincerely,

Isma Akhter

A handwritten signature in cursive script that reads "Isma Akhter".