

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

05 APR 19 PM 3:46

DOCUMENT # P 92 00000 4340

1. Corporation Name

WILLOW DALE HOLDING COMPANY, INC.

2. Principal Office Address

2941 SEASONS BLVD.

Suite, Apt. #, etc.

City & State

SARASOTA, FL.

Zip

34240

Country

USA

3. Mailing Office Address

P.O. Box 18419

Suite, Apt. #, etc.

City & State

SARASOTA, FL.

Zip

34276

Country

USA

REINSTATEMENT 01-05

4. Date Incorporated or Qualified
To Do Business in Florida

11/9/92

5. FEI Number

65 0379230

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

MILFORD INGANAMONT

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

2941 SEASONS BLVD

Suite, Apt. #, Etc.

City

SARASOTA

State

FL

Zip Code

34240

500054210735

05/10/05--01051--011 **1350.00

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

Date

4/15/05

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 |
|--------|--------------------------------------|---|---------------------|
| P | MOHAMMAD SHAYBAN | 2941 SEASONS BLVD | SARASOTA, FL. 34240 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

10. 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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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

4/11/04

Date

(941) 9284301

Daytime Phone #

CR2E081 (01/05)