

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

02 NOV 13 PM 5:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P93000001605

**1. Corporation Name**

Askar Enterprises, Inc.

**REINSTATEMENT** 99-02

**2. Principal Office Address**

436 N. Federal Highway

Suite, Apt. #, etc.

**City & State**

Boynton Beach, FL

**Zip**

33435

**Country**

**3. Mailing Office Address**

436 N. Federal Highway

Suite, Apt. #, etc.

**City & State**

Boynton Beach, FL

**Zip**

**Country**

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

01-04-1993

**5. FEI Number**

6520374986

**Applied For**

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

100008972891  
11/13/02--01063--033 \*\*\*1200.00

**7. Name and Address of Current Registered Agent**

**Name**

Askar, Khair

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

641 N. E. 6th Avenue

**Suite, Apt. #, Etc.**

**City**

Boynton Beach

**State**

FL

**Zip Code**

33435

**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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 11/6/02

**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/D	Askar, Khair	641 N. E. 6th Avenue	Boynton Beach, FL 33435

**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)(l), 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]*

(Khair Askar)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/6/02

25 11/18

LAW OFFICES

THOMAS J. WOOLLEY, JR.

PROFESSIONAL ASSOCIATION

FIRST FINANCIAL PLAZA, SUITE 408

639 EAST OCEAN AVENUE

BOYNTON BEACH, FLORIDA 33435

MAILING ADDRESS:

POST OFFICE BOX 1457

BOYNTON BEACH, FLORIDA 33425

TELEPHONE (561) 737-4818

TELECOPIER (561) 737-4819

November 7, 2002

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: Askar Enterprises, Inc.

Dear Sir or Madam:

Enclosed herewith please find Corporation Reinstatement Document #P93000001605 along with check No. 532 in the amount of \$1,200.00 representing reinstatement fee.

Thank you in advance for your prompt attention to this matter.

Very truly yours,

Thomas J. Woolley, Jr.

TJW/ah

Enclosures