

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING APPLICATION

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham,
Secretary of State
DIVISION OF CORPORATIONS

AND
FILED

1996 NOV -4 AM 11:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 93000016690

1. Corporation Name

Jumma Inc.
DBA Computer Parts & Accessories

Principal Place of Business

Mailing Address

2608 NW 72 Ave
Miami FL 33122

same

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

4. Date Incorporated or Qualified
To Do Business in Florida

4/13/93

5. FEI Number

650391769

Applied For

Not Applicable

CERTIFICATE OF STATUS DESIRED ☐

\$6.75 Additional Filing Fee
for each certificate of status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | 4 City / State / Zip |
|------------------|---|--|--------------------------------------|
| <u>President</u> | <u>Zohair Shaban</u> | <u>9391 E. Bay Harbor</u> <u>Dr #3A</u> | <u>Bay Harbor</u> <u>FL 33154</u> |
| <u>Treasurer</u> | <u>Isabel Shaban</u> | <u>" "</u> | <u>" "</u> |
| | | | |
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| | | | |
| | | | |
| | | | |

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

Alan M Burger Esq

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

200 S Biscayne Blvd #2350

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33137

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10/2/96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I re-lease the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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. 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

9/29/96 591-5988

Date

Daytime Phone #

CR20046 (12/95)