

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 DEC 26 AM 9:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000017375

1. Corporation Name

SAF MARKET NO 403 INC

2. Principal Office Address - No P.O. Box #
185 NW SPANISH RIVER BLVD

3. Mailing Office Address
185 NW SPANISH RIVER BLVD

Suite, Apt. #, etc.
290

Suite, Apt. #, etc.
290

City & State
BOCA RATON, FL.

City & State
BOCA RATON, FL.

Zip
33431

Country
U.S.A.

Zip
33431

Country
U.S.A.

REINSTATEMENT 05-07
CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida 03/04/1993

5. FEI Number
65-0437935

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
ALI M. JAFERI

Street Address (P.O. Box Number is Not Acceptable)
185 N.W. SPANISH RIVER BLVD

Suite, Apt. #, Etc.
290

City
BOCA RATON

State
FL

Zip Code
33431

☒ 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

Ali M Jafari

Date 12/17/2007

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
PD	ALI M. JAFERI	185 NW SPANISH RIVER BLVD # 290	BOCA RATON, FL. 33431
D	SHAHID BARRY	185 NW SPANISH RIVER BLVD # 290	BOCA RATON, FL. 33431
D	FRANK GUTTA	185 NW SPANISH RIVER BLVD # 290	BOCA RATON, FL. 33431
D	ATHER S. JAFERI	185 NW SPANISH RIVER BLVD # 290	BOCA RATON, FL. 33431

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 contained in Chapter 119, 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

12/17/2007

Date

561-392-9371

Daytime Phone #