

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 OCT 16 PM 1:52

DOCUMENT # P93000064017

1. Corporation Name

M-FOR-SUN, INC.

Principal Place of Business

Mailing Address

6710 GEORGIA AVENUE  
WEST PALM BEACH FL 33405

6710 GEORGIA AVENUE  
WEST PALM BEACH FL 33405

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 Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

09/14/1993

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0417123

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	MIRZADEH, MOHAMMAD	1777 W. TERRACE DR.	LAKE WORTH FL 33460
VP	MIRZADEH, ALI	1510 E HAMPTON CIRCLE	WELLINGTON FL 33414

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MIRZADEH, MOHAMMAD  
1777 W TERRACE DRIVE  
LAKE WORTH FL 33460

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date

10/13/00

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., 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 REQUIRED  
A. Mirzadeh

Date

10/13/00

Daytime Phone #

(561) 5865108

October 13th, 2000

To: Florida Department of State

From: M-FOR-SUN, INC.

RE: Document number P93000064017

I am in receipt of an application for reinstatement. However I never received an original invoice for request of payment. I called your office at 850-487-6059, and they inform me to go ahead and send \$150.00 for payment and to request a penalty waive.

I am sending with this letter check #2394 in the amount of \$150.00. and I am requesting to have the penalty fee waived.

Thank you,

Ali Mirzadeh

