

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 OCT 27 PM 2:12

DOCUMENT # P94000001966

1. Corporation Name

VIRGINIA, INC.

Principal Place of Business

201 NW 6TH ST
FT LAUDERDALE FL 33311

Mailing Address

201 NW 6TH ST
FT LAUDERDALE FL 33311

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

REINSTATEMENT 99

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/10/1994

5. FEI Number

65-0459423

Applied For

Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	ABUZNAID, AHMAD O	201 NW 6TH ST	FT. LAUDERDALE FL 33311
ST	ABUZNAID, AHMAD O	201 NW 6TH ST	FT LAUDERDALE FL 33311
P, S T	ABUZNAID, IYAD	201 NW 6th St.	Ft Lauderdale, FL 33311
			400003034074--5 -11/03/99--01063--009 ***750.00 ***750.00

8. Name and Address of Current Registered Agent

GROSSFELD, SERIL L ESO
8 SE 8TH ST
FT LAUDERDALE FL 33316

9. Name and Address of New Registered Agent

Name
SERIL L. GROSSFELD, Esq.
Street Address (P.O. Box Number is Not Acceptable)
107 SE 10th St.
Suite, Apt. #, Etc.

City State Zip Code
Ft Lauderdale FL 33316

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 10/25/99

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

IYAD ABUZNAID, PRESIDENT

10/25/99

Date

(954) 462-4334

Daytime Phone #