

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED  
AND  
FILED

pg 1 of 2

**CORPORATION  
REINSTATEMENT**



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

00 NOV -8 PM 12:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000010156

1. Corporation Name

Joli, Inc.

2. Principal Office Address

18675 SW 107 Ave

3. Mailing Office Address

Same as #2

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Zip

33157

Country

Miami - Dade

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

02-07-94

5. FEI Number

65-0469387

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

Fakrul Ali

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

21911 SW 97 Court

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33190

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

Date

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
Pres	Fakrul Ali	21911 SW 97th Court	Miami, FL 33190
Sec.	Insan Ally	18901 S.W. 50 STREET.	FL. LAMOGAOME, FL. 33332
Treas.	Khurool Ally	18901 S.W. 50 STREET.	FL. LAMOGAOME, FL. 33332

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)(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:

Fakrul Ali

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-31-00

Date

(305) 232-3998

Daytime Phone #

CR2E081 (9/99)

OCTOBER 31, 2000

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

Re: Corporation Reinstatement

Dear Sir / Madam,

We are writing this letter to waive any penalty or interest due to non-filing the annual report.

Since 1998, we have been at the address indicated on the reinstatement form and have not receive any notice. Based on the Public Inquiry (enclosed), you have been sending the annual report to the wrong address. We are requesting that you reinstate our Corporation; Joli Inc., update your records to show our new address and waive any penalty or interest due to late filing.

Enclosed is a check for \$450.00 for the three annual report fees outstanding.

Thank you for your cooperation,



Fakrul Ali