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## DIVISION OF CORPORATIONS

FILED

27 SEP 24 PM 4:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**1. Corporation Name**

ASK INC

Mailing Address

P. O. Box 1751

Apopka FL 32704

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

3. New Mailing Office Address, If Applicable

Suite, Apl. #, etc.

City &amp; State

Country

☒ Date Incorporated or Qualified  
To Do Business in Florida

2/21/94

5. ☒ FBI Number

Applied Cost

Applied For

Not Applicable

6

CERTIFICATE OF STATUS DESIRED ☐

**SB.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	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PRES	AJBER. M. JAMAL	3015 Windchime Cir West	Apopka, FL 32703
			200002302822--6 -09/25/97--01001--011 ****652.50 ****565.00

**9. Name and Address of New Registered Agent**

AKBER, M. JAMAL, 3015 Windchime  
P.O. Box 1751, Cir West  
Apopka FL 32703  
~~Apopka, FL 32704~~

Name \_\_\_\_\_

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code	
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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 \_\_\_\_\_

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 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

9.24.97

## Data

407-869-4345

Daytime Phone #

CR2E040 (12/96)

(2)

Sept 24, 1997

Division of Corporations  
Annual Reports Section  
P O Box 1500  
Tallahassee, FL 32302-1500

Re: Profit Corporation Annual Report  
FEIN:

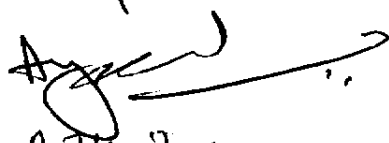
Dear Sir,

Please be informed that this is the first notification I received from the Florida Dept of State. If I would receive the report before May 1st I would pay it on time. However, since I did not receive a report, I didn't know that I would have to pay a late fee.

I would like to ask you to waive the late fee since the report and payment will be received after the due date.

I appreciate your co-operation & oblige.

Sincerely,



AJK Inc  
Akber M. Jamal - President