

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

98 MAR -5 AM 8:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000045880

1. Corporation Name

Nihad Inc.

Principal Place of Business

Mailing Address

7047 NW 18 Ave
Miami FL 33147

7017 NW 18 Ave
miami, FL 33147

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

2. New Principal Office Address, If Applicable
P.O. Box 172536
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable
P.O. Box 172536
Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

Applied For

City & State Hialeah, FL


City & State
Tallahassee, FL

Zip **33017** Country **U.S.A**

Zip 33017 Country U.S.A.

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PRS	Rasheed Almasarweh	6740 NW 175 PL#6-20	Miami, FL, 33015
SEC.	same.		
VP	same.		
			600002452516--8 -03/10/98--01063--019 ***1208.75 ***1208.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Rasheed Almasarweh
4740 NW ~~57~~¹⁷⁵ PL. # G-20
Miami, FL 33017

Name _____

N/A -

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

~~REGISTERED AGENT MUST SIGN~~

Date 3/1/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

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

Kasheed Al-masarweh
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-98 (305) 904-2318

Date _____ Daytime Phone # _____

CH2E-040 (1/98)