## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## **APPLICATION** FOR REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

P94000056160 **DOCUMENT #** 

1. Corporation Name

## SYED CORPORATION

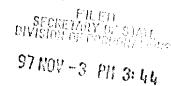
Principal Place of Business

14810 N.E. 6TH AVENUE

SIGNATURE:

Mailing Address

14810 N.E. ATH AVENUE



REINSTATEMENT 1997

10/28/97. Daytime Phone #



NORTH MIAMI FL 33161 NORTH				II FL 33161		T CONTROL FUR ICHT DICTE BRITE B			
If above	addresses are	incorrect in any way,	line through incorrect	information a	and enter correction below.	1001	1/4		
					ling Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business In Florida 07/27/1994		
Suite, Apt. #, etc. Suite, Apt. #				/, elc.		F FFIN when			
City & State City & State				)		Applied For Not Applicable			
Zip Country Z			Zip	Zip Country		6. CERTIFICATE OF STATUS DESIRED  \$9.75 Additional Fee required for a Certificate of Status			
7. Names	and Street A		*** *** *** *** *** **** **************		lit corporations must list at le				
Title(s)	e(s) Name of Officers and/or Directors			Street Address of Ea Officer and/or Direct 3 (Do NO1 Use Post Office Box		th or Oity / State / Zip Numbers) 4			
PT	HABIB, SYED B			8690 SW 10TI			PEMBROKE PINES FL		
V	SYED, GHAZIA			8690 SW 10 ST			PEMBROKE PINES FL		
				300002340093 -11/06/9701055- ****750.00 ****			00937 -01055016 ****750.00		
	8. Nan	ne and Address of Cu	urrent Registered Ag	ent		9. Name and	Address of New Registered	Agent	
HABIB, SYED B 7361 CLEVELAND ST. HOLLYWOOD FL 33024					Name				
					Street Address (P.O Suite, Apt. #, Etc.		P.O. Box Number is Not Acceptable)		
10. I, being	appointed th	e registered agent of t	he above named corp	oration, am f	amiliar with and accept the o	bligations of Sect	lion 607.0505, F.S.	=	
Signature of Registered	of Agent	<del></del> .	ME GISTE HE AND	TENT MUST	SIGN		Date /6/28/	197	
11. Th	is corpo angible	ration owes o Personal Pro	or has paid the perty tax due	e curre June 3	nt year 30. Yes ⊠	No 🗆		ide for Information	
this rein owed by	istatement ap y the corporat	plication, the reason to ion have been paid an	r dissolution has beer of the names of individ	n eliminated, duals listed o	the coroorate name satisfies.	the requirements an exemption un	apter 607 or 617, F.S. I furthe s of section 607.0401 or 617.0 ider section 119.07(3)(i), F.S.	NAM ES that all food	

ING OFFICER OR DIRECTOR