

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**

**Katherine Harris**  
Secretary of State

DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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DOCUMENT # P94000072392

**1. Corporation Name**

NURNAHAR MANAGEMENT INC

600003536556--2

-01/12/01--01103--013

\*\*\*1058.75 \*\*\*1058.75

REINSTATEMENT 994400

**2. Principal Office Address**

225 NE 135 STREET

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33161

Country

DADE

**3. Mailing Office Address**

225 NE 135 STREET

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33161

Country

DADE

**4. Date Incorporated or Qualified  
To Do Business in Florida**

OCT 3RD, 1994

**5. FEI Number**

65-0523648

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☒

\$9.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

SAIFUZZAMAN CHOWDHURY

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

20520 SAUSALITO DRIVE

Suite, Apt. #, Etc.

City

BOCA RATON

State

FL

Zip Code

33498

**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

SAIFUZZAMAN CHOWDHURY

REGISTERED AGENT MUST SIGN

Date 11/4/00

**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
P	SAIFUZZAMAN CHOWDHURY	225 NE 135 ST. AHA	MIAMI, FL 33161
SEC	AZIZUR RAHMAN	225 NE 135 ST.	MIAMI FL 33161
D	AMINUL HOQUE	9913 N. GRANDDUKE CIR	TAMARAC, FL 33321

**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:**

Azizur Rahman. AZIZUR RAHMAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/4/00

Daytime Phone #

3058956244

CR2E081 (9/99)



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

December 5, 2000

NURNAHAR MANAGEMENT INC.  
225 N.E. 135TH STREET  
MIAMI, FL 33161

SUBJECT: NURNAHAR MANAGEMENT INC.  
Ref. Number: P94000072392

We have received your document for NURNAHAR MANAGEMENT INC. and check(s) totaling \$758.75. However, your check(s) and document are being returned for the following:

The above listed corporation was administratively dissolved or its certificate of authority was revoked for failure to file its 1999 corporate annual report/uniform business report form. To reinstate, the corporation must submit a completed reinstatement application/annual report/uniform business report and the appropriate fees.

The fees to reinstate the corporation are as follows: \$500.00 reinstatement fee, \$61.25 filing fee per year for the years 1999 through the current year, \$88.75 corporate supplemental fee for 1992 and every year thereafter.

Therefore, the total amount due to reinstate the corporation is \$900.00. Add an additional \$8.75 for each certificate of status requested.

The total amount due includes the 2000 Annual Report/Uniform Business Report and Supplemental Fee.

Please note that an additional \$150 must be submitted to cover the fees for the year 2001 if your reinstatement is not returned prior to January 1, 2001.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 497-6059.

Leslie Sellers  
Document Specialist

Letter Number: 000A00061447

1050:616  
x 8.75  
1058.75

*[Handwritten signature]*