

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # P95000002822

1. Corporation Name  
SQUARE K, INC.

FILED

97 DEC -1 PM 2:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
4401 N DIXIE HWY  
OAKLAND PK., FL. 33334

Mailing Address  
4401 N DIXIE HWY  
OAKLAND PK., FL. 33334

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

2. New Principal Office Address, If Applicable  
4401 N DIXIE HWY  
Suite, Apt. #, etc.  
City & State OAKLAND PK., FL.  
Zip 33334 Country

3. New Mailing Office Address, If Applicable  
4401 N DIXIE HWY  
Suite, Apt. #, etc.  
City & State OAKLAND PK., FL.  
Zip 33334 Country

REINSTATEMENT 96-97

4. Date Incorporated or Qualified To Do Business in Florida 01-11-95

5. FEI Number 65-0546368 Applied For Not Applicable

6. N/A 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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P/S	ANAMUL H. KHAN	18706 SEA TURTLE LN.	BOCA RATON FL. 33498
V/T	WAJED A. KHAN	18706 SEA TURTLE LN.	BOCA RATON FL. 33498

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-12/04/97--01030--008  
\*\*\*\*915.00 \*\*\*\*915.00

8. Name and Address of Current Registered Agent

ANAMUL H. KHAN  
4401 N DIXIE HWY  
OAKLAND PK., FL. 33334

9. Name and Address of New Registered Agent

Name ANAMUL H KHAN  
Street Address (P.O. Box Number is Not Acceptable)  
4401 N DIXIE HWY  
Suite, Apt. #, Etc.  
City OAKLAND PK. State FL Zip Code 33334

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 11-25-97

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: ANAMUL H. KHAN  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-25-97 (954) 489-0654  
Date Daytime Phone #