

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 JUL 15 PM 3:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000011267

1. Corporation Name

SALEEM ENTERPRISES OF BROWARD, INC.

2. Principal Office Address - No P.O. Box #

8081 W. OAKLAND PARK BLVD

Suite, Apt. #, etc.

City & State

SUNRISE, FL

Zip

33351

Country

USA

3. Mailing Office Address

8081 W. OAKLAND PARK BLVD

Suite, Apt. #, etc.

City & State

SUNRISE, FL

Zip

33351

Country

USA

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

09/15/2006

5. FEI Number

65-0555341

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name
SALEEM M. ALI

Street Address (P.O. Box Number is Not Acceptable)
5871 W. GRAND DUICE CIR

Suite, Apt. #, Etc.

City
FT. LAUDERDALE,

State
FL

Zip Code
33321

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

REGISTERED AGENT MUST SIGN

Date **JULY 13, 2009**

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
DPS	SALEEM M. ALI	5871 W. GRAND DUICE CIR	FT. LAUDERDALE, FL 33321
DVPT	HASSAN ALI	5871 W. GRAND DUICE CIR	FT. LAUDERDALE, FL 33321

800158495188
07/15/09--01003--006 **750.00

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 contained in Chapter 119, 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:

Saleem M. Ali

PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/13/2009

Date

305-594-9198

Daytime Phone #