

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

01 MAY 25 AM 8:38

DOCUMENT # P95000024171

1. Corporation Name

LALANI & SONS, INC.

2. Principal Office Address

9401 W COLONIAL DR

Suite, Apt. #, etc.

K 7

City & State

OCOE FL

Zip

34761

Country

3. Mailing Office Address

9401 W COLONIAL DR

Suite, Apt. #, etc.

K 7

City & State

OCOE FL

Zip

34761

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03-27-1995

5. FEI Number

65-0572060

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

LALANI SADRUDDIN

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

9401 W COLONIAL DR

Suite, Apt. #, Etc.

K 7

City

OCOE

State

FL

Zip Code

34761

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

S. Lalan

REGISTERED AGENT MUST SIGN

Date

05/24/01

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

DP

LALANI SADRUDDIN

9401 W COLONIAL DR

OCOE, FL 34761

201.25-AR

10.00-ARAT

88.75-ARUP

8/6/14

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:

S. Lalan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

05/24/01

Daytime Phone #