

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P95000033173

1. Entity Name
KHALID INC.



FILED

04 NOV 22 PM 4: 24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



11172004 REIN-P CR2E098 (6/04)

Principal Place of Business

~~13015 SW 89TH PLACE~~
~~109~~
MIAMI, FL 33176

Mailing Address

~~13015 SW 89TH PLACE~~
~~109~~
MIAMI, FL 33176

2. Principal Place of Business

8919 SW 129TH TERR

3. Mailing Address

8919 SW 129TH TERRACE

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

65-0582743

Applied For

Not Applicable

Zip

33176

Country

USA

Zip

33176

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MOTEMAYOR, ENRIQUE

~~13015 SW 89TH PLACE~~

~~109~~
MIAMI, FL 33176

8919 SW 129TH
TERRACE
MIAMI, FL
33176

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Enrique Montemayor

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2005, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MONTEMAYOR, ENRIQUE ☐ Delete
STREET ADDRESS ~~13015 SW 89TH PLACE, #109~~
CITY-ST-ZIP MIAMI, FL 33176

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 8919 SW 129TH TERRACE
CITY-ST-ZIP MIAMI FL 33176

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 300042925433
CITY-ST-ZIP 11/22/04--01036--014 **150.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Enrique Montemayor

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

November 17, 2004

Uniform Business Report
Division of Corporations
P.O. Box 6198
Tallahassee, FL 32314-6198

DOC. # P95000033173

Re: **KHALID INC.**
NEW ADDRESS: 8919 SW 129TH TERRACE
MIAMI FL 33176

To Whom It May Concern:

This letter is in regards to the corporation annual report for the year 2004
According to your letter we never received an annual report for our corporation. We are
sending a filled out blank report to your department because we never received the
original report. Please accept our apologies and accept this \$300.00 filing fee. We never
meant to send the report late, if we would have received the report, we would have sent it
on time. We apologize any inconvenience this may have caused.

If you have any questions please feel free to contact me at (305) 541-3980.

Sincerely,


PRESIDENT