

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 DEC -3 PM 2:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000037754

1. Corporation Name

FARAN, INC.

Principal Place of Business

Mailing Address

18320 N.W. 7TH AVE.  
MIAMI FL 33169

18320 N.W. 7TH AVE.  
MIAMI FL 33169

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

05/11/1995

5. FEI Number

65-0589008

Applied For

Not Applicable

6.

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
STD	KHAN, FARASAT R	<del>931 N. 73 AVE.</del> 430 N.W. 203 AVE	HOLLYWOOD FL 33024 Pembroke Pines FL 33029

8. Name and Address of Current Registered Agent

KHANN, IRFAN R

~~21 N.W. 203RD TERR., B-5~~  
MIAMI FL 33169

320 S.W. 100 TERR  
Pembroke Pines  
Florida 33025

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11/29/02

11. 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:

FARASAT KHAN REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/29/02

9542954147

Florida department of state  
Division of Corporation  
Annual report / Reinstatement section

To whom it may concern:

I received the cancellation of the corporation of Faran Inc. because of the non-payment of the Annual fee. This notice was sent to a different address than the actual corporation address. And I never received the first or any other notice for the renewal of the corporation. The actual address is Faran Inc. 6263 County Line Rd. Miramar, FL 33023. Please correct the address in your record and please waive the late fees and reinstate the corporation.

I am enclosing the cheque for the renewal of the corporation.

Farasat R. Khan  
Faran Inc.  
6263 County Line Rd.  
Miramar FL 33023  
Document # P95000037754