

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

99 OCT 19 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000083553

1. Corporation Name

MUKTA CORPORATION

Principal Place of Business

8890 LAWRENCE ROAD
BOYNTON BEACH FL 33436

Mailing Address

8890 LAWRENCE ROAD
BOYNTON BEACH FL 33436

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date incorporated or Qualified
To Do Business in Florida

11/01/1995

5. FEI Number

65-0621422

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	KHAN, MOHAMMED A	8890 LAWRENCE ROAD	BOYNTON BEACH FL 33436
D	KHAN, MOHAMMED L	8890 LAWRENCE ROAD	BOYNTON BEACH FL 33436
			300003028933--3
			-10/27/99--01093--005
			****150.00 ****150.00
			TS

8. Name and Address of Current Registered Agent

SCHMIDT, DAVID W
100 N.E. FIFTH AVENUE
DELRAY BEACH FL

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

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

DAVID W. SCHMIDT
REGISTERED AGENT MUST SIGN

Date 10/13/99

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:

MOHAMMED A. KHAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/18/99 561-732-1192
Daytime Phone #

To,

The Authority

Florida Department of State

Date - 10/18/99

Sub:- To Excuse Reinstatement-Fee.

Dear Sir/Madam,

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I don't remember of receiving of the Annual report application. So we failed to submit in proper time. This is a very small Corporation. \$600.00 will be big burden on us.

I will Request you to excuse us for the Reinstatement-Fee.

Thanking you.

Sincerely yours.

Mohamed Ayub Khan.
Director

Mukta Corporation.