

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION
REINSTATEMENT



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

02 OCT 30 PM 4:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000083553

1. Corporation Name

MUKTA CORPORATION

2. Principal Office Address

8890 Lawrence Road

Suite, Apt. #, etc.

3. Mailing Office Address

8890 Lawrence Road

Suite, Apt. #, etc.

City & State

Boynton Beach, FL

City & State

Boynton Beach, FL

Zip

33436

Country

Palm Beach

Zip

33436

Country

Palm Beach

4. Date Incorporated or Qualified
To Do Business in Florida

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. Name and Address of Current Registered Agent

Name

David W. Schmidt

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

100 NE Fifth Avenue

Suite, Apt. #, Etc.

300008713243

10/30/02--01116--032 **150.00

City

Delray Beach

State

FL

Zip Code

33483

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

David W. Schmidt

Date

10/28/02

REGISTERED AGENT MUST SIGN

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
D	Mohammed A. Khan	8890 Lawrence Road	Boynton Beach, FL 33436
D	Mohammed L. Khan	8890 Lawrence Road	Boynton Beach, FL 33436

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:

Mohammed Ayub Khan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/28/02 561-703-8754

Date

Daytime Phone #

CR2E081 (9/01)

To,

The Department of State
Division of Corporation
Tallahassee, FLORIDA

Dear Sir/Madam,

I do not remember of receiving the application for annual report & renew our MUKTA Corporation.

As per your advise I am sending the Reinstatement application with 150.00 filling fee.

I will request your to accept my application & Reinstatement our Corporation
Thanking you.

Date - 10/28/02

Sincerely yours
Mohammed Ayub Khan.