

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 JUN 10 PM 2:55

DOCUMENT # P96000019633

1. Corporation Name

MOHSIN, INC.

Principal Place of Business

2415 NORTH MONROE ST., #2130
TALLAHASSEE FL 32303

Mailing Address

POST OFFICE BOX 37054
TALLAHASSEE FL 32315

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

4. Date Incorporated or Qualified
To Do Business in Florida

03/04/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3365003

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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 |
|---------------|---|--|-------------------------|
| P | USMAN, ALI | 641 FULTON RD, #89 | TALLAHASSEE FL |
| VP | MONSIN, ALI | 345 MEADOW RIDGE DR | TALLAHASSEE FL 32312 |
| T | MACHADO, VANESSA L | 627 FULTON ROAD #28 | TALLAHASSEE FL 32312 |
| | | | |
| | | | |
| | | | |

8. Name and Address of Current Registered Agent

ALI, USMAN
627 FULTON ROAD #28
TALLAHASSEE FL 32312

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 06-07-2002

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-7-2002
Date

850 383 9111
Daytime Phone #

CR2E040 (8/01)