

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P96000019633

1. Entity Name
MOHSIN, INC.



FILED
05 JAN 28 PM 3:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**2415 NORTH MONROE ST., #2130
TALLAHASSEE, FL 32303**

Mailing Address
**POST OFFICE BOX 37054
TALLAHASSEE, FL 32315**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
**4533 Highgrove Road
Tallahassee FL 32309**
Suite, Apt. #, etc.
City & State
Zip
Country



01282005 REIN-P CR2E098 (6/04)

6. Name and Address of Current Registered Agent
**MACHADO, LIGIA V
4533 HIGHGROVE ROAD
TALLAHASSEE, FL 32309**

4. FEI Number
59-3365003

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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 *Ronald D. Machado* DATE 1-28-05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$300.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MONSIN, ALI 4533 HIGHGROVE ROAD TALLAHASSEE, FL 32309 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mohsin Ali Ali, Mohsin <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MACHADO, LIGIA V 4533 HIGHGROVE ROAD TALLAHASSEE, FL 32309 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President 700046025647 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 02/04/05--01037--014 **300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Ronald D. Machado* DATE 1-28-05 DAYTIME PHONE # 850 425 8860

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR