

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P96000030584

1. Corporation Name

Roshna Ghar Export/Import, Inc.

Principal Place of Business

Mailing Address

P.O. Box 707  
Woodbridge, NJ 07095

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

07095

Middlesex

4. Date Incorporated or Qualified  
To Do Business in Florida

April 19, 1996

5. FEI Number

65-0695085

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	Lloyd Persaud	379 Spanishtown Road	Kingston, Jamaica, WI.
D	Nadira Persaud	107 Michael Court Woodbridge, NJ 07095	Woodbridge, NJ 07095

700002420347--6  
-02/03/98--01091--018  
\*\*\*\*915.00 \*\*\*\*915.00

8. Name and Address of Current Registered Agent

Nadira Persaud

9. Name and Address of New Registered Agent

Name  
Nadira Persaud  
Street Address (P.O. Box Number is Not Acceptable)  
9161 S.W. 156 Ct  
Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33196

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

Nadira Persaud

REGISTERED AGENT MUST SIGN

Date

1/15/98

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information  
on intangible tax.)

12. 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:

Nadira Persaud  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/98  
Date

750-0611  
732-1335  
Daytime Phone #

CR2E040 (12/96)