

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 JAN 22 PM 2:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000035748

1. Corporation Name

ALKOWNI-KHAN INC.

REINSTATEMENT 03-04
700027404737

01/22/04--01023--029 **300.00

2. Principal Office Address

15843 S. APOPKA VINELANI

3. Mailing Office Address

7345 SAND LAKE RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

412

City & State

KISSIMMEE, FLORIDA

City & State

ORLANDO

Zip

32821

Country

USA

Zip

32819

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

4/22/1996

5. FEI Number

59-3377962

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

BASSAM ALKOWNI

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

15843 S. APOPKA VINELAND RD.

Suite, Apt. #, Etc.

City

ORLANDO

State
FL

Zip Code
32821

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 12/31/2003

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
P/D	PATRICIA KHAN	13710 TACUPA	SARATOGA, CALIFORNIA
VP/D	BASSAM ALKOWNI	10436 SPARKLE COURT	ORLANDO, FLORIDA 32819
S/D	HASSENA KHAN	10436 SPARKLE COURT	ORLANDO, FLORIDA 32819

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BASSAM ALKOWNI

12/31/2003 407-761-3191

Date

Daytime Phone #

ALKOWNI-KHAN, INC.
15843 Apopka Vineland Road
Orlando, Florida 32821
Tel. # 407-761-3191

December 31, 2003

Florida Dept. of State
Division of Corporation
409 East Gains Street
Tallahassee, Florida 32399

Re: Document Number **P96000035748**

To whom it may concern;

In the course of a business transaction, it has come to our attention that Alkowni Khan Inc. has been administratively dissolved as of as of September 19, 2003. As it was explained by your office via telephone yesterday that the reason for dissolution of the corporation was due to non filing of the annual report for the year 2003.

When our company relocated in June of 2002 to the current address, we inadvertently did not notify your office of this change. We apologize for this error and will make sure it does not happen again. As you will notice based on your records, we always file on time. We have enclosed signed corporation annual report reflecting the changes in the principal office and mailing address. We are requesting waiver of reinstatement fees. Also enclosed is a check for \$300.00 for the annual fee for the years 2003 and 2004.

Your attention in this matter would be greatly appreciated.

Sincerely yours,


Bassam Alkowni