

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

Paid: CK# 1047 -  
in corporations@taxleaf.com  
2024 SEP -9 PM 3:03

SECRETARY OF STATE  
TALLAHASSEE, FL

200436714012  
09/18/24--01004--005 \*\*\$00.00

DOCUMENT # P96000056286

1. Corporation Name

DAWAS CORPORATION, INC

2. Principal Office Address - No P.O. Box #  
8290 N. MIAMI AVE.

3. Mailing Office Address  
1549 NE 123RD STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
MIAMI, FL

City & State  
NORTH MIAMI, FL

Zip  
33150

Country  
USA

Zip  
33161

Country  
USA

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida 07/03/1996

5. FEI Number  
65-0676806

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

AHMAD, RIBHI H

Street Address (P.O. Box Number is Not Acceptable)  
8290 N. MIAMI AVE.

Suite, Apt. #, Etc.

City  
MIAMI

State  
FL

Zip Code  
33150

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

Ribhi H Ahmad

Date 7/31/24

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
P	AHMAD, RIBHI H	8290 N MIAMI AVE	MIAMI, FL 33150
VP	AHMAD, SAADA R	8290 N. MIAMI AVE	MIAMI, FL 33150
			SEP 11 2024
			D CUSHING

10. E-mail Address: in corporations@taxleaf.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Ribhi H Ahmad

7/31/24

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #