

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 OCT 29 PM 3:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000068387

1. Corporation Name

United Techaid Inc

400004691584--5

-11/21/01--01099--005

****750.00 ****750.00

2. Principal Office Address

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

Broward

33023

Broward

1955 S. Rd 7

Hollywood FL

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0689664

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 ARIF KASSIM MOON

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

1955 S. Rd 7

Suite, Apt. #, Etc.

City Hollywood FL

State
FL

Zip Code
33023

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 Arifk moon

REGISTERED AGENT MUST SIGN

Date 10/25/01

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
<u>PSD</u>	<u>ARIF KASSIM MOON</u>	<u>1955 S. St Rd 7</u>	<u>Hollywood FL 33023</u>
<u>Vice President</u>	<u>Mohammad Arif</u>	<u>1955 S. St Rd 7</u>	<u>Hollywood FL 33023</u>

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:

Arifk moon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/25/01

Date

Daytime Phone #