

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 FEB -3 PM 3:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000072830

1. Corporation Name

INVERRARY ICE CREAM, INC.

2. Principal Office Address

5568 W OAKLAND PARK
BLVD

Suite, Apt. #, etc.

City & State

LAUDERHILL, FLORIDA

Zip

33313

Country

BROWARD

3. Mailing Office Address

5568 W OAKLAND PARK
BLVD.

Suite, Apt. #, etc.

City & State

LAUDERHILL, FLORIDA

Zip

33313

Country

BROWARD

4. Date Incorporated or Qualified
To Do Business in Florida

08/23/1996

5. FEI Number

65-0692853

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 RASHID A. SHEIKH

800003133248-1

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

5568 W OAKLAND PK BLVD.

-02/11/00-01113-007

***300.00 ***300.00

Suite, Apt. #, Etc.

954-733-9690

City

LAUDERHILL,

State
FL

Zip Code

33313

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

Date 01/31/00

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
PRESIDENT	RASHID A. SHEIKH	5568 W OAKLAND PK	LAUDERHILL FL - 33313
			KE

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: RASHID A. SHEIKH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/31/00 954-733-9690

Date

Daytime Phone #

10:30 - 10:30

CR2E081 (9/99)