

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

08 FEB -7 PM 2:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000087934

1. Corporation Name

KHAN U.S.A. INC.

2. Principal Office Address - No P.O. Box #

583 W PALM AIRE DR

Suite, Apt. #, etc.

City & State

POMPANO BEACH, FL

Zip

33069

Country

USA

3. Mailing Office Address

583 W PALM AIRE DR

Suite, Apt. #, etc.

City & State

POMPANO BEACH, FL

Zip

33069

Country

USA

REINSTATEMENT 05-08<sup>KS</sup>

4. Date Incorporated or Qualified  
To Do Business in Florida

October 24, 1996.

5. FEI Number

65-0709265

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

AMJAD ALI KHAN

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

7688 NW 5TH STREET

Suite, Apt. #, Etc.

2D

City

PLANTATION

State

FL

Zip Code

33324

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Amjad Khan

Date 02-04-08

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<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip       |
|--------|--------------------------------------|---|--------------------------|
| P/T    | AMJAD ALI KHAN                       | 7688 NW 5TH STREET                                | PLANTATION, FL, 33324    |
| V/S    | ALI IFTIKHAR                         | 583 W PALM AIRE DR                                | POMPANO BEACH, FL, 33069 |
|        |                                      |   |                          |
|        |                                      |   |                          |
|        |                                      |   |                          |
|        |                                      |   |                          |

800117496478  
02/07/08--01014--019 \*\*\$600.00

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 contained in Chapter 119, 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:

Amjad Khan

AMJAD ALI KHAN

02-04-08

954-709-3500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #