

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 FEB 13 AM 10:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000087934

1. Corporation Name

KHAN USA

000012462220  
02/13/03--01050--013 \*\*1074.00

2. Principal Office Address

711N PINE ISLAND Rd.

Suite, Apt. #, etc.

105

City & State

PLANTATION, FL

Zip

33324

Country

USA

3. Mailing Office Address

711N PINE ISLAND ROAD

Suite, Apt. #, etc.

105

City & State

PLANTATION, FL

Zip

33324

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

OCT. 24, 1996

5. FEI Number

650709265

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$875 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)

711N PINE ISLAND Rd #

Suite, Apt. #, Etc.

105

City

PLANTATION

State  
FL

Zip Code

33324

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

REGISTERED AGENT MUST SIGN

Date 2-10-03

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 MD	AMJAD ALI KHAN	711N PINE ISLAND Rd # 105	PLANTATION, FL, 33324
Sec- D	ALI IFTIKHAR	583 WEST PALM AVE Dr.	POMPANO BEACH, FL 33069

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:

Amjad Khan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-10-03

Date

954-709-3500

Daytime Phone #

CR2E081 (10/02)

The Secretary of state,  
Division of Corporation,  
Florida Department of state,  
Tallahassee, FL.

Subject: Removal of Reinstatement Fee.

Sir,

It is stated that My Corporation namely  
KHAN USA was Administeratively dissolved in 1997  
due to not filing of report. Sir, we moved  
to new place and we did not receive the  
notice and did not know about procedure  
~~because we were new at that time. Now~~  
I want to reinstate my Corporation. It  
is requested that remove the reinstatement  
fee \$600. and I am sending the cheque  
for the rest of amount. Please reinstate  
my corporation.

Yours faithfully  
Amjad Khan

Dated 2-10-03