

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 OCT 29 PM 1:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000089343

1. Corporation Name

LIMER'S INC.

Principal Place of Business

Mailing Address

17520 NW 17TH AVE.
MIAMI FL 33169

17520 NW 17TH AVE.
MIAMI FL 33169

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

2218 NW 160th Terrace

2218 NW 160th Terrace

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Pembroke Pines FLA

Pembroke Pines FLA

City & State

City & State

Zip 33028

Country U.S.A

Zip 33028

Country U.S.A

4. Date Incorporated or Qualified
To Do Business In Florida

10/30/1996

5. FEI Number

65-0703929

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | 4 City / State / Zip |
|---------------|---|--|-------------------------|
| D | RAHMAN, KEITH | 17520 NW 17TH AVE. | MIAMI FL 33169 |
| D | WHITE, CARLTON | 17520 NW 17TH AVE. | MIAMI FL 33169 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

8. Name and Address of Current Registered Agent

RAHMAN, KEITH
17520 NW 17TH AVE.
MIAMI FL 33169

NEW ADDRESS →

9. Name and Address of New Registered Agent

Name

Keith Rahman

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

2218 NW 160th Terrace

Suite, Apt. #, Etc.

City

Pembroke Pines

State

FL

Zip Code

33028

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date 10-27-97

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information
on Intangible tax.)

12. 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)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-27-97 (954) 438-9247

CR2E040 (8/97)