

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

AND
FILED

1997 DEC 23 PM 4:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000100960**

1. Corporation Name

PARVEN CORPORATION

Principal Place of Business

~~6535 SW 8TH ST~~
~~MIAMI FL 33144~~

Mailing Address

~~6535 SW 8TH ST~~
~~MIAMI FL 33144~~

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

602 S. FED. HWY

City & State

DANIA FL

Zip

33004

Country

USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

602 S. FED. HWY

City & State

DANIA FL

Zip

33004

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/13/1996

5. FEI Number

65-0790740

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
AD- PS	HOSSAIN, MAZUMDER S- MOHAMMAD S. RAHMAN	6535 SW 8TH ST 602 S. FED. HWY	MIAMI FL 33144- DANIA FL 33004

**900002385049-9
-12/29/97-01133-002
****750.00 ****750.00**

REINSTATEMENT

8. Name and Address of Current Registered Agent

**HOSSAIN, MAZUMDER S-
6535 SW 8TH ST
MIAMI FL 33144**

9. Name and Address of New Registered Agent

Name

MOHAMMAD S. RAHMAN

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

602 S. FED. HWY

Suite, Apt. #, Etc.

City

DANIA

State

FL

Zip Code

33004

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

X M.S. RAHMAN

REGISTERED AGENT MUST SIGN

Date **12-16-97**

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)(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: **X M.S. RAHMAN MOHAMMAD S. RAHMAN** 12-16-97 954-922-0036
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/97)