

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 APR 19 PM 1:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97-00000-2216

1. Corporation Name

CAPITAL PROMOTIONS INC.

2. Principal Office Address

1728 Center Ave

Suite, Apt. #, etc.

City & State

Holly Hill, FL

Zip

32117

Country

U.S.A.

3. Mailing Office Address

1728 Center Ave

Suite, Apt. #, etc.

City & State

Holly Hill FL

Zip

32117

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

Jan 8, 1997

5. FEI Number

59-343-2318

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

400005393774--0

-04/30/02--01065--012

*****8.75 *****8.75

7. Name and Address of Current Registered Agent

Name

Farah Lakhani

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

14825 SW 149th Ct

Suite, Apt. #, Etc.

City

Miami FL

State

FL

Zip Code

33196

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****450.00 ****450.00

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

Farah Lakhani

REGISTERED AGENT MUST SIGN

Date

4/16/02

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
P	Imran Siddiqi	14825 SW 149th Ct	Miami FL 33196
V	Abid Siddiqi	14825 SW 149th Ct	Miami FL 33196
S	Sarwat Siddiqi	1728 Center Ave	Holly Hill FL 32117
D/T	Farah Lakhani	14825 SW 149th Ct	Miami FL 32117

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:

Farah Lakhani

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/16/02

Daytime Phone #

CR2E081 (9/01)

x 4/26/02

April 16, 2002

To Whom It May Concern:

My name is Farah Lakhani and I am the Director for Capital Promotion Inc. It has been brought to my attention that the corporation name has been dissolved due to non-payment. This letter is in reference to this matter. For the past two years I have not received any statements regarding the renewal of the company name. Please excuse the additional \$600.00 in fees incurred as a result of not receiving a renewal statement and non-payment. Enclosed I have sent a check for \$450.00 and an additional \$8.75 for the certificate. Thank you and I really appreciate your time in reviewing this matter.

Sincerely,

A handwritten signature in cursive script, appearing to read 'Farah L.', is written over the printed name.

Farah Lakhani