

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

98 NOV 19 PM 2:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PA7000040685

1. Corporation Name

AMJAD ENTERPRISES INC.

Principal Place of Business

Mailing Address

3200 W. BROWARD BLVD. 3200 W. BROWARD BLVD.
FT. LAUDERDALE FLA. 33312 FT. LAUDERDALE FLA. 33312

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

2. New Principal Office Address, If Applicable

AMJAD HAMMAD

3. New Mailing Office Address, If Applicable

AMJAD HAMMAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

3200 W. BROWARD BLVD.

City & State

3200 W. BROWARD BLVD.

Zip

33312

Country

U.S.A

Zip

33312

Country

U.S.A

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0749521

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
<u>PST</u>	<u>AMJAD HAMMAD</u>	<u>3200 W. BROWARD BLVD.</u>	<u>FT. LAUDERDALE FLORIDA</u> <u>33312</u>

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

AMJAD HAMMAD

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

3200 W. BROWARD BLVD.

Suite, Apt. #, Etc.

City

FT. LAUDERDALE

State

FL

Zip Code

33312

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 Amjad Hammad

REGISTERED AGENT MUST SIGN

Date

11/05/98

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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 Amjad Hammad

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/05/98

Date

Daytime Phone #

CR200-00 (12/98)