

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 JUN 26 PM 10:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000040685

1. Corporation Name

AMJAD ENTERPRISES INC

2. Principal Office Address

3200 W BROWARD BLVD

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE- FLA

Zip

33312

Country

U.S.A

3. Mailing Office Address

3200 W BROWARD BLVD

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE- FLA

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

REINSTATEMENT

02-03

7. Name and Address of Current 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

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

[Signature]

Date

06/18/2003

REGISTERED AGENT MUST SIGN

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, | AMJAD HAMMAD | 3200 W BROWARD BLVD | FT. LAUDERDALE FLA 33312 |
| | | | |
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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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

06/18/2003

Daytime Phone #

CR2E031 (10/02)

7/6/26